

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004781

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: THE MEDICAL MATCH, INC.

## Current Principal Place of Business:

441 3RD STREET S  
APT. 12  
ST. PETERSBURG, FL 337014642

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 21646  
ST. SIMONS ISLAND, GA 315226346

## New Mailing Address:

POST OFFICE BOX 21646  
ST. SIMONS ISLAND, GA 31522

FEI Number: 20-1201256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ST. CLAIR, JAMES  
441 3RD STREET S  
APT. 12  
ST. PETERSBURG, FL 337014642 US

## Name and Address of New Registered Agent:

ST. CLAIR, JAMES  
441 3RD STREET S  
APT. 12  
ST. PETERSBURG, FL 33701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/30/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO  
Name: ST. CLAIR, JAMES O  
Address: POST OFFICE BOX 21646  
City-St-Zip: ST. SIMONS ISLAND, GA 31522

Title: CFO  
Name: ST. CLAIR, JAMES O  
Address: POST OFFICE BOX 21646  
City-St-Zip: ST. SIMONS ISLAND, GA 31522

Title: SEC  
Name: ST. CLAIR, JAMES O  
Address: POST OFFICE BOX 21646  
City-St-Zip: ST. SIMONS ISLAND, GA 31522

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES ST. CLAIR

CEO

04/30/2010

Electronic Signature of Signing Officer or Director

Date