

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64561

Entity Name: DERMATHERAPY, INC.

FILED  
Jan 23, 2007  
Secretary of State

**Current Principal Place of Business:**

362 17TH STREET  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

362 17TH STREET  
VERO BEACH, FL 32960

**New Mailing Address:**

FEI Number: 65-0100043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATTEK, JILL  
1820 COBIA DR  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MATTEK, JILL  
Address: 1820 COBIA DR  
City-St-Zip: VERO BEACH, FL 32960

Title: VP ( ) Delete  
Name: MATTEK, WENCEL  
Address: 1820 COBIA DR  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JILL MATTEK

P

01/23/2007

Electronic Signature of Signing Officer or Director

Date