

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64561

Entity Name: DERMATHERAPY, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

362 17TH STREET
VERO BEACH, FL 32960

New Principal Place of Business:

362 17TH STREET
VERO BEACH, FL 32960 US

Current Mailing Address:

362 17TH STREET
VERO BEACH, FL 32960

New Mailing Address:

362 17TH STREET
VERO BEACH, FL 32960 US

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:

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

01/14/2009

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 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

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date