

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50675

FILED
Feb 11, 2009
Secretary of State

Entity Name: TRANSDERMAL TECHNOLOGIES, INC.

Current Principal Place of Business:

521 NORTHLAKE BOULEVARD
SUITE 4
NORTH PALM BEACH, FL 334085418 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14804
NORTH PALM BEACH, FL 334080804 US

New Mailing Address:

FEI Number: 65-0172954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRBY, KENNETH B PD
6 SELBY LANE
PALM BEACH GARDENS, FL 33418 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: PD () Delete
Name: KIRBY, KENNETH B.,
Address: 6 SELBY LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: KIRBY, JOSEPH M.,
Address: 1274 LAKE FRONT DR.
City-St-Zip: CAIRO, GA 39828

Title: VD () Delete
Name: CRAWFORD, BRUCE
Address: 11467 RIVERWOOD PLACE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: ROSENKETTER, DON
Address: 905 LOTHIAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: ALAM, CHANDAN A S.
Address: 5 GATCOMBE WAY, COCKGOSTERS
City-St-Zip: ENFIELD, LONDON, NA EN4 9TT UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KENNETH KIRBY

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date