

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000049359

Entity Name: DERMMATCH, INC.

**FILED**  
**Jul 08, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

777 SHAMROCK BLVD.  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 878  
VENICE, FL 34284

**New Mailing Address:**

FEI Number: 65-1018359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, GREGORY C.  
341 WEST VENICE AVE.  
VENICE, FL 34285 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PRYTULA, GLEN  
Address: 1704 AUBURN LAKES CIRCLE  
City-St-Zip: VENICE, FL 34292

Title: STD (X) Delete  
Name: RATCLIFFE, AMY  
Address: 3857 WOODMERE PARK BLVD. #9  
City-St-Zip: VENICE, FL 34293

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

Title: PSTD (X) Change ( ) Addition  
Name: PRYTULA, GLEN  
Address: 1704 AUBURN LAKES CIRCLE  
City-St-Zip: VENICE, FL 34292

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 Section 119.07(3)(i), 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: GLEN PRYTULA

P

07/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date