


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 690884
 1. Entity Name
GEMINI MANUFACTURING, INC.



Principal Place of Business
**7371 DAVIE RD EXTENSION
 HOLLYWOOD, FL 33024**

Mailing Address
**7371 DAVIE RD EXTENSION
 HOLLYWOOD, FL 33024**

DO NOT WRITE IN THIS SPACE



04082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0124473

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SARAFAN, RICHARD
 C/O GENOVESE JOBLOVE & BATTISTA
 100 SE 2ND ST FL36
 MIAMI, FL 33131-2158**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RYAN, MICHAEL FRANKLIN
STREET ADDRESS	6831 SW 9TH STREET
CITY - ST - ZIP	PEMBROKE PINES, FL
TITLE	VSD
NAME	GOLDBERG, ROBERT J.
STREET ADDRESS	3208 SW 175TH AVENUE
CITY - ST - ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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00000551594
 05/13/06-80109-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael F. Ryan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

Michael F. Ryan

(954) 432-3500