


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90042 026 \*\*\*150.00

**DOCUMENT # F05000002121**

1. Entity Name  
**GEMINI DEVELOPMENT GROUP, INC.**



Principal Place of Business  
**2550 SOM CENTER #360**  
**WILLOUGHBY HILLS, OH 44094**

Mailing Address  
**2550 SOM CENTER #360**  
**WILLOUGHBY HILLS, OH 44094**

2. Principal Place of Business - No P.O. Box #  
**6573-A Cochran Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7325 Production Dr**  
 Suite, Apt. #, etc.  
**Suite C**

City & State  
**Solon Ohio**

City & State  
**Mentor Ohio**

Zip  
**44139** Country

Zip  
**44060** Country



03142007 Chg-P CR2E034 (12/06)

4. FEI Number  
**34-1972297** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WINDSOR, JAY**  
**2980 WASHINGTON STREET**  
**MIAMI, FL 33133**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT GEMMA, TODD 6573-A COCHRAN RD. SOLON, OH 44139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Gemma, Todd 6573-A Cochran Rd. Solon, Ohio 44139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCS MONROE, RONALD 6573-A COCHRAN RD. SOLON, OH 44139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Monroe, Ronald 6573-A Cochran Rd Solon, Ohio 44139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Carlton, Bryan 6573-A Cochran Rd Solon, Ohio 44139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Smithson, Michael 6573-A Cochran Rd Solon, Ohio 44139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X** *Todd C. Gemma* **5/16/07** **440-505-2200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #