

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125207

FILED
Apr 30, 2006
Secretary of State

Entity Name: GEMSTAR PRODUCTIONS INC

Current Principal Place of Business:

1825 PONCE DE LEON BLVD. PMB 118
CORAL GABLES, FL 33134 US

New Principal Place of Business:

1825 PONCE DE LEON BLVD
PMB 118
CORAL GABLES, FL 33134 US

Current Mailing Address:

1825 PONCE DE LEON BLVD. PMB 118
CORAL GABLES, FL 33134 US

New Mailing Address:

1825 PONCE DE LEON BLVD
PMB 118
CORAL GABLES, FL 33134 US

FEI Number: 59-3768430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 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: PTS () Delete
Name: GEMS, JOSETTE
Address: 1825 PONCE DE LEON BLVD PMB 112
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: GEMS, JOSETTE
Address: 1825 PONCE DE LEON BLVD PMB 118
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSETTE GEMS

PTS

04/30/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date