

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G20909

FILED
Apr 23, 2006
Secretary of State

Entity Name: GEMINI SCHOOL OF GYMNASTICS, INC.

Current Principal Place of Business:

% ROBERT K. STRASSBERG
12304 TWIN BRANCH ACRES RD
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

% ROBERT K. STRASSBERG
12304 TWIN BRANCH ACRES RD
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 59-2255416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRASSBERG, ROBERT K
12304 TWIN BRANCH ACRES RD
TAMPA, FL 33626 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: P () Delete
Name: STRASSBERG, ROBERT K,
Address: 12304 TWIN BRANCH ACRES RD
City-St-Zip: TAMPA, FL 33626

Title: V () Delete
Name: STRASSBERG, ADELAIDE, K
Address: 3144 SANDY RIDGE DR
City-St-Zip: CLEARWATER, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ROBERT STRASSBERG

P

04/23/2006

Electronic Signature of Signing Officer or Director

Date