

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003019

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: GEMINI INDUSTRIES INCORPORATED

**Current Principal Place of Business:**

5100 W LEMON ST  
STE 303  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

6 FORTUNE DRIVE  
BILLERICA, MA 018213917

**New Mailing Address:**

FEI Number: 04-2917465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SECUNDA, GARY  
5100 W LEMON ST STE 303  
TAMPA, FL 33609 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: CP ( ) Delete  
Name: BONDOC, VICTORIA  
Address: 12 MINUTEMAN LANE  
City-St-Zip: LEXINGTON, MA 02173

Title: V ( ) Delete  
Name: MALGARI, SAL  
Address: 420 LINEBROOK ROAD  
City-St-Zip: IPSWICH, MA 01938

**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: VICTORIA BONDOC

CP

04/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date