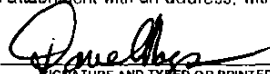


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90069 009 ***150.00

DOCUMENT # 629353 1. Entity Name GEMINI ENERGY, INC.					
Principal Place of Business 2906 N.E. 19TH DRIVE GAINESVILLE FL 32609 US			Mailing Address 2906 N.E. 19TH DRIVE GAINESVILLE FL 32609 US		
2. Principal Place of Business - No P.O. Box # 2905 N.E. 19th Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Gainesville		City & State		4. FEI Number 59-1922278	
Zip 32609 Country USA		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYS, DAVID L. 2906 N.E. 19 DR. GAINESVILLE FL FL 32609				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	P MAYS, DAVID L. 2906 NE 19TH DRIVE GAINESVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mays, David L. 13703 Millhopper Rd. Gainesville, FL 32653	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WAGONER, MARK W 7681 KAIBAB AVENUE KEYSTONE HEIGHTS FL 32656	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			24 April 2007 352 372-7617		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		