

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # F04000003539**

1. Entity Name  
**GEMINI CAPITAL MANAGEMENT, INC.**



FILED

06 APR 24 AM 8:10

FLORIDA STATE  
SECRETARY, TALLAHASSEE, FLORIDA

Principal Place of Business: **95 YESLER WAY, 2ND FLOOR SEATTLE WA 98104**  
Mailing Address: **95 YESLER WAY, 2ND FLOOR SEATTLE WA 98104**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country

1st MOORE CR2E034 (10/05)

4. FEIN Number: **93-1100422**

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

6. Name and Address of Current Registered Agent:

**BELLAS, MARK  
1734 ROYAL PALM WAY  
HOLLYWOOD FL 33020**

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: \_\_\_\_\_  
Signature Type 1 is paid in full and expires on April 30, 2007. Type 2 is paid in full and expires on April 30, 2007. Type 3 is paid in full and expires on April 30, 2007.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$650.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing:  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
CP	BELLES, MARK	95 YESLER WAY, 2ND FLOOR	SEATTLE WA 98104	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**000073444190**  
**05/01/06--01022--020 \*\*150.00**

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 867, Florida Statutes; and if at my name appears in Block 10 or Block 11 I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Bellas **Mark Bellas 2/2/06** **2-21-06** **706-652-9966**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR