

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002121

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: GEMINI DEVELOPMENT GROUP, INC.

## Current Principal Place of Business:

6573 A COCHRAN RD  
SOLON, OH 44139

## New Principal Place of Business:

## Current Mailing Address:

7325 PRODUCTION DR  
SUITE C  
MENTOR, OH 44060

## New Mailing Address:

FEI Number: 34-1972297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINDSOR, JAY  
2980 WASHINGTON STREET  
MIAMI, FL 33133 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: VD ( ) Delete  
Name: GEMMA, TODD  
Address: 6573-A COCHRAN RD.  
City-St-Zip: SOLON, OH 44139

Title: PD ( ) Delete  
Name: MONROE, RONALD  
Address: 6573-A COCHRAN RD.  
City-St-Zip: SOLON, OH 44139

Title: TD ( ) Delete  
Name: CARLTON, BRYAN  
Address: 6573 A COCHRAN RD  
City-St-Zip: SOLON, OH 44139

Title: SD ( ) Delete  
Name: SMITHSON, MICHAEL  
Address: 6573 A COCHRAN  
City-St-Zip: SOLON, OH 44139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: MELISSA SCHREFFLER

CFO

01/21/2008

Electronic Signature of Signing Officer or Director

Date