

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017379

Entity Name: GEMINI TAX VERIFICATION, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

2860 E SABLE CIRCLE
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2860 E SABLE CIRCLE
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-1087464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAKKER, SILVIA M
6426 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

SAKKER, SILVIA M
3674 LAKEWOOD PLACE
COCONUT CREEK, FL 33073 US

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: SILVIA M. SAKKER

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAKKER, SILVIA M
Address: 6776 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V () Delete
Name: SAKKER, ANGELA M
Address: 2860 E SABLE CIRCLE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAKKER, SILVIA M
Address: 3674 LAKEWOOD PLACE
City-St-Zip: COCONUT CREEK, FL 33073

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 Section 119.07(3)(i), 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: SILVIA M. SAKKER

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date