2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P01000017379

Entity Name: GEMINI TAX VERIFICATION, INC.

Current Principal Place of Business:

2860 E SABLE CIRCLE
MARGATE, FL 33063

New Principal Place of Business:

P.O. BOX 670037
CORAL SPRINGS, FL 33067 US

Current Mailing Address:

2860 E SABLE CIRCLE
MARGATE, FL 33063

New Mailing Address:

P.O. BOX 670037
CORAL SPRINGS, FL 33067 US

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
3674 LAKEWOOD PLACE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

SAKKER, SILVIA M
3624 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 04/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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: 3624 LAKEWOOD PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: V (X) Change ( ) Addition
Name: SAKKER, ANGELA M
Address: 3624 LAKEWOOD PLACE
City-St-Zip: COCONUT CREEK, FL 33073 US

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: ANGELA M. SAKKER VP 04/26/2006
Electronic Signature of Signing Officer or Director Date