

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019790

Entity Name: GEM EXPRESSIONS, INC.

FILED  
Feb 06, 2006  
Secretary of State

## Current Principal Place of Business:

LAKE BUENA VISTA, FL  
WALT DISNEY WORLD CO.  
LAKE BUENA VISTA, FL 32830

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 22507  
LAKE BUENA VISTA, FL 32830

## New Mailing Address:

2685 EDWARDS LANE  
THE VILLAGES, FL 32162

FEI Number: 27-0047173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TREGONING, FRANK  
4925 WARRIOR LANE  
OFFICE  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

TREGONING, FRANK  
2685 EDWARDS LANE  
THE VILLAGE, FL 32162 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: FRANK TREGONING

02/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TREGONING, DOROTHEA  
Address: PO BOX 22507  
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: VP ( ) Delete  
Name: SMITH, INGRID  
Address: PO BOX 22507  
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: SEC ( ) Delete  
Name: TREGONING, FRANK  
Address: PO BOX 22507  
City-St-Zip: LAKE BUENA VISTA, FL 32830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TREGONING, DOROTHEA  
Address: 2685 EDWARDS LANE  
City-St-Zip: THE VILLAGES, FL 32162

Title: VP (X) Change ( ) Addition  
Name: SMITH, INGRID  
Address: 2685 EDWARDS LANE  
City-St-Zip: THE VILLAGES, FL 32162

Title: SEC (X) Change ( ) Addition  
Name: TREGONING, FRANK  
Address: 2685 EDWARDS LANE  
City-St-Zip: THE VILLAGES, FL 32162

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: FRANK TREGONING

RA

02/06/2006

Electronic Signature of Signing Officer or Director

Date