

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070598

Entity Name: GEMINI PRODUCTIONS, INC.

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

6530 SUMMER COVE DR
RIVERVIEW, FL 33569

New Principal Place of Business:

196 JOYCE STREET
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

6530 SUMMER COVE DR
RIVERVIEW, FL 33569

New Mailing Address:

196 JOYCE STREET
SAFETY HARBOR, FL 34695 US

FEI Number: 56-2373284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS-MULLIS, KARA
6530 SUMMER COVE DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

MATTHEWS, WAYNE PRES
196 JOYCE STREET
SAFETY HARBOR, FL 34695 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: WAYNE MATTHEWS

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: MATTHEWS-MULLIS, KARA
Address: 6530 SUMMER COVE DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MATTHEWS, WAYNE PRES
Address: 196 JOYCE STREET
City-St-Zip: SAFETY HARBOR, FL 34695

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: WAYNE MATTHEWS

PRES

04/10/2006

Electronic Signature of Signing Officer or Director

Date