

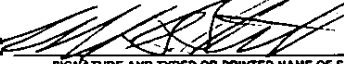


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90298 042 ***150.00

DOCUMENT # P04000163829 1. Entity Name GEMINI MANAGEMENT SERVICES, INC.					
Principal Place of Business 3990 MINTON ROAD W. MELBOURNE, FL 32904				Mailing Address 3990 MINTON ROAD W. MELBOURNE, FL 32904	
2. Principal Place of Business 401 N Wickham Rd.		3. Mailing Address 401 N. Wickham Rd.			
Suite, Apt. #, etc. Suite N#215		Suite, Apt. #, etc. Suite N#215			
City & State Melbourne, FL		City & State Melbourne, FL			
Zip 32935		Country USA		4. FEI Number 20-1967747	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STILLWELL, WILLIAM B 3990 MINTON ROAD W. MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name Stillwell, William B Street Address (P.O. Box Number is Not Acceptable) 401 N Wickham Rd, Suite N#215 City Melbourne FL Zip Code 32935		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  William B. Stillwell, Reg. Agent 01/06/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STILLWELL, WILLIAM B 3990 MINTON ROAD W. MELBOURNE, FL 32904 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P S T Stillwell, William B. 401 N Wickham Rd, Suite N#215 Melbourne, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE  William B. Stillwell, Dir. 01/06/06 321-233-0024 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					