


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90033 044 ***150.00

DOCUMENT # P96000022738	
1. Entity Name GEMINI VENTURES OF TAMPA, INC.	

Principal Place of Business 6412 HWY. 41 NORTH APOLLO BEACH, FL 33572 US	Mailing Address 6412 HWY. 41 NORTH APOLLO BEACH, FL 33572 US
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2. Principal Place of Business 6370 Cocoa Lane	3. Mailing Address 6370 Cocoa Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State APOLLO BEACH, FL	City & State APOLLO BEACH, FL
Zip 33572	Zip 33572
Country USA	Country USA



02032005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3377805		Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent PHAGAN, RICHARD 6412 U.S. HIGHWAY 41 NORTH APOLLO BEACH, FL 33572		
7. Name and Address of New Registered Agent Name RICHARD PHAGAN Street Address (P.O. Box Number is Not Acceptable) 6370 Cocoa Lane City APOLLO BEACH FL Zip Code 33572		

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 *Richard Phagan* DATE 2/7/2005

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHAGAN, RICHARD		NAME PHAGAN, RICHARD	
STREET ADDRESS 6412 U.S. HIGHWAY 41 NORTH		STREET ADDRESS 6370 COCOA LANE	
CITY-ST-ZIP APOLLO BEACH, FL 33572		CITY-ST-ZIP APOLLO BEACH, FL 33572	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Richard Phagan* DATE 2/7/2005 (813) 731-0533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR