

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000001980

FILED
Apr 13, 2006
Secretary of State

Entity Name: GEMINI DIGITAL PRODUCTS CORP.

Current Principal Place of Business:

6035 CULLIGAN WAY
MINNETONKA, MN 55345 US

New Principal Place of Business:

Current Mailing Address:

6035 CULLIGAN WAY
MINNETONKA, MN 55345 US

New Mailing Address:

FEI Number: 65-0365280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALLER, BRIAN
Address: 6035 CULLIGAN WAY
City-St-Zip: MINNETONKA, MN 55345 US

Title: ST () Delete
Name: O'NEIL, MICHAEL
Address: 6035 CULLIGAN WAY
City-St-Zip: MINNETONKA, MN 55345 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL O'NEIL

ST

04/13/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date