

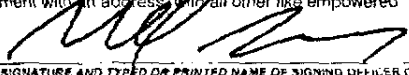


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L28441 1. Entity Name AEGIS INVESTMENTS, INC.					
Principal Place of Business 2200 LUCIEN WAY STE 350 MAITLAND, FL 32751		Mailing Address 2200 LUCIEN WAY STE 350 MAITLAND, FL 32751			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FC Number 59-2978509	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TATICH, PHILIP 101 SOUTHALL LN STE 285 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. I, 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 _____ (NOTE: Registered Agent signature required when registering)	
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	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP LIVINGSTON JR, GEORGE D 359 BELOIT AVE. WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY ST ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 U00000542658 05/10/06-80105-021 150.00	Change <input type="checkbox"/> Add <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY ST ZIP	S LIVINGSTON, SUE S 359 BELOIT AVE. WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY ST ZIP	VP NEVELEFF, STEPHAN 2200 LUCIEN WAY, STE 350 MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY ST ZIP	VP CALLAWAY, PATRICK 2200 LUCIEN WAY, STE 350 MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>		
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: 		26 April 2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					