

FILED
Apr 17, 2007 8:00 am
Secretary of State


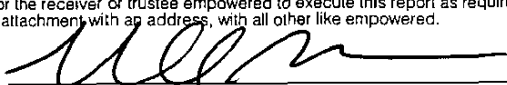
04-17-2007 90240 004 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

40063001



02162007 Chg-P CR2E034 (12/06)

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2978509				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TATICH, PHILIP 101 SOUTHALL LN STE 285 MAITLAND, FL 32751			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <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, 2007 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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIVINGSTON JR, GEORGE D		NAME		
STREET ADDRESS	359 BELOIT AVE.		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIVINGSTON, SUE S		NAME		
STREET ADDRESS	359 BELOIT AVE.		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEVELEFF, STEPHAN		NAME		
STREET ADDRESS	2200 LUCIEN WAY, STE 350		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALLAWAY, PATRICK		NAME		
STREET ADDRESS	2200 LUCIEN WAY, STE 350		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		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 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: 			Date: 4/13/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		