2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Jul 12, 2006 8:00 am Secretary of State DOCUMENT # P97000044286 07-12-2006 90002 023 ***158.75 1. Entity Name AEGIS REALTY, INC. Principal Place of Business Mailing Address 801 WEST BAY DRIVE #406 801 WEST BAY DRIVE #406 LARGO, FL 33770 406 LARGO, FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 CR2E034 (11/05) Chg-P City & State Applied For City & State 4. FFI Number 59-3452143 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIBBS, JAMES M II Street Address (P.O. Box Number is Not Acceptable) 801 WEST BAY DR., STE 406 LARGO, FL 33770 City Zip Code 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE GIBBS, JAMES M II NAME NAME 1200 Gulf BLUD. #204 STREET ADDRESS 1660 GULF-BLVD STREET ADDRESS 33767 CITY-ST-ZIP CLEARWATER, FL 33767 CITY-ST-ZIP TITLE ☐ Delete TITLE GIBBS, ROSE MARIE NAME NAME 1660 GULF BLVD STREET ADDRESS STREET ADDRESS 33767 CITY-ST-ZIP CLEARWATER, FL 33767 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Channe TITLE TITLE ☐ 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 quality 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 pro 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 entrustee expowered to execute this hoport 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.

FILED