


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000102243</b>		
1. Entity Name <b>AGEAN BREEZE, INC.</b>		
Principal Place of Business <b>913 GULF BREEZE PKWY. SUITE 20 GULF BREEZE, FL 32561 US</b>		Mailing Address <b>913 GULF BREEZE PKWY. SUITE 20 GULF BREEZE, FL 32561 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>VARVOURIS, STAVROS N 913 GULF BREEZE PKWY. UNIT 20 GULF BREEZE, FL 32561</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VARVOURIS, STAVROS N 1745 FAIRCHILD ST. PENSACOLA, FL 32504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST VARVOURIS, TINA M 1754 FAIRCHILD ST PENSACOLA, FL 32504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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 <u><i>Stavros N. Varvouris</i></u> VPST 7/1/06 850 916-0430 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>		



07012006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3480028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000568160  
07/06/06-80011-010 550.00

**DO NOT WRITE  
IN THIS SPACE**