


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000062707 1. Entity Name AEGEAN FIXED INCOME CORPORATION	
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Principal Place of Business 927 E NEW HAVEN AVE STE 315 MELBOURNE, FL 32901	Mailing Address 927 E NEW HAVEN AVE STE 315 MELBOURNE, FL 32901
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3592144	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYER, CHRISTOPHER P 859 E. NEW HAVEN AVENUE MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAKATSELIS, JOHN C 1560 WALDORF CIRCLE NE PALM BAY, FL 32945
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAKATSELIS, GEORGE 2802 GRANITE AVE SACHSE, TX 75048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYER, CHRIS 1496 HYACINTH ST NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRICAS, TIM 3030 COUNTRY STREET APT 111 HONOLULU, HI 96822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/01/07-80013-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 JAN 07 321-725-3159
Date Daytime Phone #