

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062707

Entity Name: AEGEAN FIXED INCOME CORPORATION

FILED  
Jan 13, 2009  
Secretary of State

**Current Principal Place of Business:**

927 E NEW HAVEN AVE  
STE 315  
MELBOURNE, FL 32901

**New Principal Place of Business:**

927 E NEW HAVEN AVE  
STE 315  
MELBOURNE, FL 32901

**Current Mailing Address:****New Mailing Address:**

927 E NEW HAVEN AVE  
STE 315  
MELBOURNE, FL 32901

FEI Number: 59-3592144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MYER, CHRISTOPHER P  
839 E NEW HAVEN AVE  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete

Name: FAKATSELIS, JOHN C

Address: 394 LANTERNBACK ISLAND DR

City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete

Name: FAKATSELIS, GEORGE

Address: 2802 GRANITE AVE

City-St-Zip: SACHSE, TX 75048

Title: D ( ) Delete

Name: MYER, CHRIS

Address: 393 PIRIT ST NE

City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete

Name: TRICAS, TIM

Address: 3277 BEAUMONT WOODS PL

City-St-Zip: HONOLULU, HI 96822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FAKATSELIS

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date