


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000001884 1. Entity Name APOLLO SECURITY, INC.	
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Principal Place of Business 2150 BOSTON PROVIDENCE HWY WALPOLE, MA 02081	Mailing Address 2150 BOSTON PROVIDENCE HWY WALPOLE, MA 02081
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3097142	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

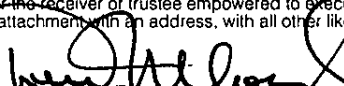
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000749500 05/18/07-80022-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CROWLEY, DENNIS M JR 2150 BOSTON PROVIDENCE HWY WALPOLE, MA 02081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC RYER, RICHARD T 2150 BOSTON PROVIDENCE HWY WALPOLE, MA 02081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CROWLEY, DENNIS M III 2150 BOSTON PROVIDENCE HWY WALPOLE, MA 02081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSIER, MARK R 2150 BOSTON PROVIDENCE HWY WALPOLE, MA 02081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWLEY, MARGARET M 2150 BOSTON PROVIDENCE HWY WALPOLE, MA 02081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, KENNETH D 2150 BOSTON PROVIDENCE HWY WALPOLE, MA 02081

**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:  **Dennis M. Crowley, Jr.** 4/23/07 (508) 610-1197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone