

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G06927

FILED
Mar 23, 2005
Secretary of State

Entity Name: APOLLON TWO CORP.

Current Principal Place of Business:

C/O VOUTSINAS RAMADA INN
1401 S FED HWY
DEERFIELD BCH., FL 331301625

New Principal Place of Business:

1401 SOUTH FEDERAL HIGHWAY
DEERFIELD BCH., FL 33441

Current Mailing Address:

C/O VOUTSINAS RAMADA INN
1401 S FED HWY
DEERFIELD BCH., FL 331301625

New Mailing Address:

1401 SOUTH FEDERAL HIGHWAY
DEERFIELD BCH., FL 33441

FEI Number: 59-2239452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOUTSINAS, TASSOS
1401 S FED HWY
DEERFIELD BCH., FL 33441 US

Name and Address of New Registered Agent:

VOUTSINAS, TASSOS
1401 SOUTH FEDERAL HIGHWAY
DEERFIELD BCH., FL 33441 US

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: TASSOS VOUTSINAS

03/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VOUTSINAS, TASSOS,
Address: 1401 SOOUTH FEDERAL HIGHWAY
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VOUTSINAS, SAVVAS
Address: 1401 SOUTH FEDERAL HIGHWAY
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: DV () Change (X) Addition
Name: VOUTSINAS, TASSOS
Address: 1401 SOUTH FEDERAL HIGHWAY
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAVVAS VOUTSINAS

DP

03/23/2005

Electronic Signature of Signing Officer or Director

Date