

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116663

Entity Name: APOLLO PHARMACEUTICAL, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

3281 LANDMARK DR
CLEARWATER, FL 33761

New Principal Place of Business:

300 STATE STREET EAST
SUITE 222
OLDSMAR, FL 34677 US

Current Mailing Address:

3281 LANDMARK DR
CLEARWATER, FL 33761

New Mailing Address:

300 STATE STREET EAST
SUITE 222
OLDSMAR, FL 34677 US

FEI Number: 42-1606875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEILAND, DOUGLAS J
3281 LANDMARK DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

WEILAND, DOUGLAS J
300 STATE STREET EAST
SUITE 222
OLDSMAR, FL 34677 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:

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WEILAND, DOUGLAS J
Address: 3281 LANDMARK DR
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: GOMEZ, HECTOR M.D.
Address: 3281 LANDMARK DR
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: CIMINO, KEVIN T
Address: 4811 W BEACHWAY DR
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WEILAND, DOUGLAS J
Address: 300 STATE STREET EAST, SUITE 222
City-St-Zip: OLDSMAR, FL 34677 US

Title: D (X) Change () Addition
Name: GOMEZ, HECTOR M.D.
Address: 300 STATE STREET EAST, SUITE 222
City-St-Zip: OLDSMAR, FL 34677 US

Title: D (X) Change () Addition
Name: CIMINO, KEVIN T
Address: 300 STATE STREET EAST, SUITE 222
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS J. WEILAND

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date