


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000159803		
1. Entity Name AHRE INVESTORS TWO, INC.		

Principal Place of Business 11778 N DALE MABRY TAMPA, FL 33618	Mailing Address 11778 N DALE MABRY TAMPA, FL 33618
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2. Principal Place of Business 10037 N. Dale Mabry Suite, Apt. #, etc.	3. Mailing Address 10037 N. Dale Mabry Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33618	Zip 33618
Country	Country

FILED
05 JUN 27 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06222005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1953582	Applied For <input type="checkbox"/> 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 COLBY, ALFRED A 101 EAST KENNEDY BOULEVARD SUITE 3140 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, HAMILTON 3609 JETTON AVENUE TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hunt, Hamilton 5100 W. Kennedy Blvd., Suite 225 Tampa, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAISDEN, LARRY 4901 BAY WAY PLACE WEST TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800057097488 07/06/05--01065--005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MECKLEY, MICHAEL S 11778 N DALE MABRY TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Meckley, Michael S 10037 N Dale Mabry Tampa, FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Donald Young 14414 NW 60th Ave Alachua, FL 32615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Hampton 19810 Gulf Blvd., #4 Indian Shores, FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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	6/23/05 Date	813-769-5546 Daytime Phone #
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