


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90301 050 ***150.00

DOCUMENT # P95000009839 1. Entity Name ACORN WOODWORKS, INC.	
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Principal Place of Business 5073 SAVARESE CIR TAMPA FL 33634	Mailing Address 5073 SAVARESE CIR TAMPA FL 33634
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent KEITH, GREGGORY S 5073 SAVARESE CIR TAMPA FL 33634	
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4. FEI Number 59-3295811	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	
TITLE P	<input type="checkbox"/> Delete
NAME KEITH, GREGGORY	
STREET ADDRESS 308 LIVE OAK AVE	
CITY-ST-ZIP TEMPLE TERRACE FL 33617	
TITLE VP	<input type="checkbox"/> Delete
NAME KEITH, AMOS	
STREET ADDRESS 1312 N RIVERHILLS DR	
CITY-ST-ZIP TEMPLE TERRACE FL 33617	
TITLE ST	<input type="checkbox"/> Delete
NAME KEITH, CARMEN-ELISA	
STREET ADDRESS 308 LIVE OAK AVE	
CITY-ST-ZIP TEMPLE TERRACE FL 33617	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEITH, GREGGORY S.	
STREET ADDRESS 10912 RIDGEDALE AVE.	
CITY-ST-ZIP TEMPLE TERRACE, FL 33617	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEITH, CARMEN-ELISA	
STREET ADDRESS 10912 RIDGEDALE AVE	
CITY-ST-ZIP TEMPLE TERRACE, FL 33617	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Greggory S. Keith **GREGGORY S. KEITH PRES 3-405 (813) 806-1645**

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