


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90047 034 ***150.00

DOCUMENT # P95000009839
 1. Entity Name
ACORN WOODWORKS, INC.



Principal Place of Business: **5073 SAVARESE CIR TAMPA FL 33634**
 Mailing Address: **5073 SAVARESE CIR TAMPA FL 33634**



2. Principal Place of Business: **5516 LINEBAUGH AVE W.**
 Suite, Apt. #, etc.

3. Mailing Address: **10912 RIDGEDALE AVE**
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: **TAMPA FL**
 City & State: **TEMPLE TERRACE FL**

Zip: **33624** Country: [Blank]
 Zip: **FL 33617** Country: **FL**

4. FEI Number: **59-3295811** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KEITH, GREGGORY S
5073 SAVARESE CIR
TAMPA FL 33634

7. Name and Address of New Registered Agent
 Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): **10912 RIDGEDALE AVE**
 City: **TEMPLE TERRACE** State: **FL** Zip Code: **33617**

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: *Greggory S. Keith* **GREGGORY S. KEITH** DATE: **3-10-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KEITH, GREGGORY	
STREET ADDRESS	10912 RIDGEDALE 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	10912 RIDGEDALE 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		<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		
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 exemptions contained in Section 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: *Amor Keith* DATE: **3-10-06** DAYTIME PHONE #: **(813) 985-5838**

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