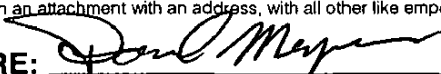


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90078 007 ***150.00

DOCUMENT # H86924 1. Entity Name: ACORN GROUP, INC. OF FLORIDA					
Principal Place of Business 1 N PENNSYLVANIA ST #300 INDIANAPOLIS IN 46204 US			Mailing Address P.O. BOX 441370 INDIANAPOLIS IN 46244-1370 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-1658305	
5. Certificate of Status Desired ☐				☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYERS, DAVID 2400 S RIDGEWOOD AVENUE #52 DAYTONA BEACH FL 32119				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 22 Esperanto Drive City Palm Coast FL Zip Code 32164	
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  Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)				DATE 01-31-05	
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. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD ☐ Delete NAME MEYERS, DAVID STREET ADDRESS 2400 S. RIDGEWOOD AVE., #52 CITY-ST-ZIP SOUTH DAYTONA FL 32119			TITLE ☒ Change ☐ Addition NAME STREET ADDRESS 22 Esperanto Drive CITY-ST-ZIP Palm Coast, FL 32164		
TITLE VD ☐ Delete NAME DONATO, ALBERT STREET ADDRESS 1 N PENNSYLVANIA ST #300 CITY-ST-ZIP INDIANAPOLIS IN 46204			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 01-31-05	
Daytime Phone #					

REC'D JAN 31 2005



1st MOORE CR2E034-(10/04)