2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M83670

1. Entity Name

ACORN PROPERTIES, INC.



FILED
Jan 15, 2008 08:00 A
Secretary of State

Principal Place of Business

% MARGARET GREENLEE 9030 SW 19TH AVE RD OCALA, FL 34476 US Mailing Address

% MARGARET GREENLEE 9030 SW 19TH AVE RD OCALA, FL 34476 US



DO NOT WRITE IN THIS SPACE

01132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2897606

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENLEE, MARGARET 9030 SW 19TH AVENUE RD OCALA, FL 34476

DO NOT WRITE IN THIS SPACE

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GREENLEE, MARGARET 9030 SW 19TH AVE RD OCALA, FL 34476					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						U00000784906 01/16/08-80075-002 150.00
NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP					in "	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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:

CITY-ST-ZIP '

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

GREENLEE 1/14/0

352-237-37-82

Daytime Phone #