

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90046 012 ***150.00

DOCUMENT # P02000019818 1. Entity Name ACORN ASSOCIATES, INC.					
Principal Place of Business 2106 BRIDGEVIEW CIRCLE ORLANDO, FL 32824			Mailing Address DOUBLE GATE FARM, GODNEY WELLS, SOMERSET BA5 1RX UNITED KINGDOM, XX		
2. Principal Place of Business 10048 FENROSE TERRACE		3. Mailing Address Suite, Apt. #, etc.		50060387 	
City & State ORLANDO FL.		City & State Suite, Apt. #, etc.		07282005 Chg-P CR2E034 (10/03)	
Zip 32827.		Country USA.		4. FEI Number 41-2030426	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent MILLARD, TERENCE R 2106 BRIDGEVIEW CIRCLE ORLANDO, FL 32824			7. Name and Address of New Registered Agent Name MILLARD TERENCE R Street Address (P.O. Box Number is Not Acceptable) 10048 FENROSE TERRACE City ORLANDO FL Zip Code 32827.		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MILLARD, TERENCE R 2106 BRIDGEVIEW CIRCLE ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MILLARD TERENCE R 10048 FENROSE TERRACE ORLANDO FL 32827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLARD, HILARY 2106 BRIDGEVIEW CIRCLE ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLARD HILARY 10048 FENROSE TERRACE ORLANDO FL 32827.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, DEBORAH L THE FRANKS, GODNEY, NR. WELLS SOMERSET BA5 1RX, U. KINGDOM,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD ROBERT S DOUBLE-GATE FARM GODNEY NR WELLS SOMERSET BA5 1RX U. KINGDOM.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD, ROBERT S DOUBLA-GATE FARM, GODNEY, NR. WELLS SOMERSET BA5 1RX, U. KINGDOM,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD RICHARD J. DOUBLE GATE FARM GODNEY NR WELLS SOMERSET BA5 1RX U. KINGDOM.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD, RICHARD J DOUBLA-GATE FARM, GODNEY, NR. WELLS SOMERSET BA5 1RX, U. KINGDOM,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD RICHARD J. DOUBLE GATE FARM GODNEY NR WELLS SOMERSET BA5 1RX U. KINGDOM.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD, RICHARD J DOUBLA-GATE FARM, GODNEY, NR. WELLS SOMERSET BA5 1RX, U. KINGDOM,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD RICHARD J. DOUBLE GATE FARM GODNEY NR WELLS SOMERSET BA5 1RX U. KINGDOM.	<input checked="" 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: <u>T. R. Millard</u>			Date <u>7/28/05</u> Daytime Phone # <u>+44 1458832217</u>		