

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000019818					
1. Entity Name ACORN ASSOCIATES, INC.					
Principal Place of Business 10048 FENROSE TERRACE ORLANDO, FL 32827			Mailing Address DOUBLE GATE FARM, GODNEY WELLS, SOMERSET BA5 1RX UNITED KINGDOM, XX		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-2030426	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLARD, TERENCE R 10048 FENROSE TERRACE ORLANDO, FL 32827			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 Due by September 6, 2006		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	PDT MILLARD, TERENCE R 10048 FENROSE TERRACE ORLANDO, FL 32827	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLARD, HILARY 10048 FENROSE TERRACE ORLANDO, FL 32827	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD, ROBERT S DOUBLE CATGE FARM GOONEY NR WELLS SOMERSET, U KINGDOM, ba5 1rx	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D. MILLARD, ROBERT S. LITTLE ACRE, GODNEY, NR. WELLS. SOMERSET, U-KINGDOM, BAS 1RX	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D. MILLARD, RICHARD J. 4, SKY ROYAL TERRACE, OLD BURLEIGH TOWN, ANDREWS, GOLD COAST, QSLD. AUSTRALIA 4220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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> <u>T. R. MILLARD</u> <u>07/05/06</u> <u>+44 (0) 1458-832217.</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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