


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000019818 1. Entity Name ACORN ASSOCIATES, INC.	
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Principal Place of Business 10048 FENROSE TERRACE ORLANDO, FL 32827	Mailing Address DOUBLE GATE FARM, GODNEY WELLS, SOMERSET BA5 1RX UNITED KINGDOM, XX
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02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2030426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLARD, TERENCE R 10048 FENROSE TERRACE ORLANDO, FL 32827

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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 NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000654339 03/13/07-80058-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MILLARD, TERENCE R 10048 FENROSE TERRACE ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLARD, HILARY 10048 FENROSE TERRACE ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, DEBORAH L THE FRANKS, GODNEY, NR. WELLS SOMERSET BA5 1RX, U. KINGDOM,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD, ROBERT S LITTLE ACRE, GODNEY, NR. WELLS SOMERSET, U KINGDOM, BA5- RX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD, RICHARD J 4 SKY ROYAL TERRACE, OLD BURLEIGH TOWN ANDREWS GOLD COAST AUS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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: T. R. Millard 02/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #