

2008 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	
DO NOT WRITE IN THIS SPACE		
		04242008 No Chg-P CR2E034 (11/05)
		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		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 _____ <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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MILLARD, TERENCE R 10048 FENROSE TERRACE ORLANDO, FL 32827	U000000949181 06/08/08-20017-018 150.00 DO NOT WRITE IN THIS SPACE
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		
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>H. J. Millard</u> 24 April 2008 744 1458-832217 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		