

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019818

Entity Name: ACORN ASSOCIATES, INC.

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

10048 FENROSE TERRACE
ORLANDO, FL 32827

New Principal Place of Business:

Current Mailing Address:

DOUBLE GATE FARM, GODNEY
WELLS, SOMERSET BA5 1RX
UNITED KINGDOM, XX

New Mailing Address:

DOUBLE GATE FARM, GODNEY
WELLS, SOMERSET BA5 1RX
UNITED KINGDOM, XX XXXXX XX

FEI Number: 41-2030426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLARD, TERENCE R
10048 FENROSE TERRACE
ORLANDO, FL 32827 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: MILLARD, TERENCE R
Address: 10048 FENROSE TERRACE
City-St-Zip: ORLANDO, FL 32827

Title: VSD () Delete
Name: MILLARD, HILARY
Address: 10048 FENROSE TERRACE
City-St-Zip: ORLANDO, FL 32827

Title: D () Delete
Name: BALL, DEBORAH L
Address: THE FRANKS, GODNEY, NR. WELLS
City-St-Zip: SOMERSET BA5 1RX, U. KINGDOM,

Title: D () Delete
Name: MILLARD, ROBERT S
Address: LITTLE ACRE, GODNEY, NR. WELLS
City-St-Zip: SOMERSET, U KINGDOM, BA5- RX

Title: D () Delete
Name: MILLARD, RICHARD J
Address: 4 SKY ROYAL TERRACE, OLD BURLEIGH TOWN
City-St-Zip: ANDREWS GOLD COAST AUS,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERENCE ROBERT MILLARD

MR

03/09/2009

Electronic Signature of Signing Officer or Director

Date