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DOCUMENT # P04000168942				Feb 27, 2006 08:00 Secretary of State			
1. Entity Name ACORN RECOVERY, INC.							
Principal Place of Business 1046 NORTHWEST 83RD AVENUE PLANTATION, FL 33322		Mailing Address 1046 NORTHWEST 83RD AVENUE PLANTATION, FL 33322					
DO NOT WRITE IN THIS SPACE							
		01082008 No Chg-P CR2E034 (11/05)					
		4. FEI Number 05-0614502		Applied For Not Applicable			
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent OAKES, SEYMOUR 1046 NORTHWEST 84RD AVENUE PLANTATION, FL 33322		DO NOT WRITE IN THIS SPACE					
7. 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 reissuing) DATE _____							
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee		000000448867 03/09/06-80031-004 150.00			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						P.S. OAKES, SEYMOUR 1046 NORTHWEST 83RD AVENUE PLANTATION, FL 33322	
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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: 		2/27/06 954 682 6670					