


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Sep 13, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P04000168942</b> 1. Entity Name ACORN RECOVERY, INC.	
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Principal Place of Business 1046 NORTHWEST 83RD AVENUE PLANTATION, FL 33322	Mailing Address 1046 NORTHWEST 83RD AVENUE PLANTATION, FL 33322
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**DO NOT WRITE IN THIS SPACE**



07212007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0614502	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

OAKES, SEYMOUR  
1046 NORTHWEST 84RD AVENUE  
PLANTATION, FL 33322

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000773865 09/13/07-80002-020 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.S. OAKES, SEYMOUR 1046 NORTHWEST 83RD AVENUE PLANTATION, FL 33322
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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:  9/07/07  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #