

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001188

FILED  
Sep 16, 2009  
Secretary of State

Entity Name: ACORN SETTLEMENTS, INC.

**Current Principal Place of Business:**

11615 VICOLO LOOP  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

11615 VICOLO LOOP  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 87-0758944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROWN, DAMOND B  
11615 VICOLO LOOP  
WINDERMERE, FL 34786      US

**Name and Address of New Registered Agent:**

BROWN, DAMOND B DAMOND  
11615 VICOLO LOOP  
WINDERMERE, FL 34786      US

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: DAMOND BROWN      09/16/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BROWN, DAMOND B  
Address: 11615 VICOLO LOOP  
City-St-Zip: WINDERMERE, FL 34786

Title: S      (X) Delete  
Name: BROWN, LATONYA  
Address: 11615 VICOLO LOOP  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: BROWN, DAMOND B DAMOND  
Address: 11615 VICOLO LOOP  
City-St-Zip: WINDERMERE, FL 34786

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: DAMOND BROWN      P      09/16/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date