

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121707

Entity Name: ACN NETWORK INC.

FILED  
Jul 31, 2007  
Secretary of State

## Current Principal Place of Business:

5255 ADAIR OAK DRIVE  
ORLANDO, FL 32829

## New Principal Place of Business:

## Current Mailing Address:

5255 ADAIR OAK DRIVE  
ORLANDO, FL 32829

## New Mailing Address:

FEI Number: 20-8300358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEGRON, GILBERT  
5255 ADAIR OAK DRIVE  
ORLANDO, FL 32829 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

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: NEGRON, GILBERT  
Address: 5255 ADAIR OAK DRIVE  
City-St-Zip: ORLANDO, FL 32829

Title: VP ( ) Delete  
Name: NEGRON, SANDRA  
Address: 5255 ADAIR OAK DRIVE  
City-St-Zip: ORLANDO, FL 32829

Title: C ( ) Delete  
Name: NEGRON, ADAM C  
Address: 5255 ADAIR OAK DRIVE  
City-St-Zip: ORLANDO, FL 32829

## 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:

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: GILBERT NEGRON

P

07/31/2007

Electronic Signature of Signing Officer or Director

Date