

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000121707

Entity Name: ACN NETWORK INC.

FILED
Aug 21, 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

OFFICERS AND DIRECTORS:

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

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

Title: C (X) 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

08/21/2007

Electronic Signature of Signing Officer or Director

Date