2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P96000004646 Feb 10, 2006 08:00 AN **Secretary of State** ACORN INVESTMENTS, INC. Principal Place of Business Mailing Address P.O. BOX 2131 **1426 21ST STREET** VERO BEACH, FL 32960 US VERO BEACH, FL 32961 US 02072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0635940 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LABRANCHE, KEL DO NOT WRITE 2350 19TH AVE. VERO BEACH, FL 32960 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when minstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. U00000428836 Added to Fees <u> 02,421,405-50065-008</u> OFFICERS AND DIRECTORS 10. TITLE LABRANCHE, KEL E NAME STREET ADDRESS 2350 19TH AVE VERO BEACH, FL 32960 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP

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 tustee 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 cryptomered.

SIGNATURE:

IGNATION AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

17/06 532-4262