

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000118525

2. Name of Corporation ACN Group, Inc.

3. Street Address Principal Business Office:

No. and Street: 6300 OLSON MEMORIAL HIGHWAY

City or Town: GOLDEN VALLEY State: MN Zip: 55427 Country: USA

4. Business Phone No.

952-992-5122

5. State of Incorporation

State: MN

6. Brief Description of the Character of Business Conducted in Rhode Island

CHIROPRACTIC, PHYSICAL, OCCUPATIONAL, SPEECH THERAPY & COMPLEMENTRY MEDICINE MANAGEMENT, ADMINISTRATION, NETWORKS AND MARKETING SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	ROBERT T WEBB	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA	
TREASURER	ROBERT W OBERRENDER	9900 BREN RD E MINNETONKA, MN 55343 USA	
SECRETARY	TIMOTHY F RYAN	9900 BREN RD E MINNETONKA, MN 55343 USA	
CEO	ROBERT T WEBB	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA	
ASSISTANT SECRETARY	JUANITA B LUIS	9900 BREN RD E MINNETONKA, MN 55343 USA	
DIRECTOR	RICHARD J MIGLIORI M.D.	9900 BREN RD E MINNETONKA, MN 55343 USA	
DIRECTOR	DAWN M OWENS	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA	
DIRECTOR	DAVID L SPARKMAN	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CWP		\$0.02	4,200,000.00	84000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 20 Day of February, 2009 at 5:59:25 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By JUANITA B LUIS

Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

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