2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005983

Entity Name: MAKE A DIFFERENCE USA, INC.

FILED Jul 13, 2004 Secretary of State

Current P	rincipal Place of	Business:	New Principal Place of Business:		
	DDOCK DRIVE TON, FL 33414				
Current Mailing Address:			New Mailing Address:		
	DDOCK DRIVE TON, FL 33414				
FEI Number	: 65-1132424	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	l Address of Cur	rent Registered Agent:	Name and	Address of New Registered Agent:	
WELLING	DDOCK DRIVE TON, FL 33414 named entity sub	US omits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
	e of Florida.	·			
SIGNATU					
	Electronic	Signature of Registered Age	nt	Date	
OFFICER	S AND DIRECTO	RS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PT () De LOGAN, SAMUEL 13706 PADDOCK WELLINGTON, FL	T DRIVE 33414	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SV () De LOGAN, DEBORA 13706 PADDOCK WELLINGTON, FL	H DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SCAGLIONE, ANGELA 13706 PADDOCK DRIVE WELLINGTON, FL 33414	
Title: Name: Address: City-St-Zip:	D () De POLLAK, JENNIFE 3712 CYPRESS L LAKE WORTH, FL	R AKE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) De FOSTER, RONALD 10152 S. OCEAN I JENSEN BEACH, F) DRIVE #416-B	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) DO PRICE, LINDA 306 ROYAL POING PALM BEACH, FL	CIANA PLAZA	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) De WEBB, RANDY 306 ROYAL POING PALM BEACH, FL	CIANA PLAZA	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL LOGAN PT 07/13/2004