

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001414

FILED
Jan 09, 2007
Secretary of State

Entity Name: RESOLVING DIFFERNCES, INC.

Current Principal Place of Business:

774 N.W. 41 STREET, STE 4
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

774 N.W. 41 STREET, STE 4
MIAMI, FL 33127

New Mailing Address:

FEI Number: 30-0393729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLWOOD, SHELTON
774 N.W. 41 STREET, STE 4
MIAMI, FL 33127 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: CEO () Delete
Name: ALLWOOD, SHELTON
Address: 774 N.W. 41 STREET, STE 4
City-St-Zip: MIAMI, FL 33127

Title: P () Delete
Name: WILLIAMS, ARGERINE
Address: 3298 N.W. 169TH TERRACE
City-St-Zip: MIAMI, FL 33050

Title: VP () Delete
Name: AMGLIN, RAMOND
Address: 7481 N.W. 13TH COURT
City-St-Zip: PLANTATION, FL 33317

Title: S () Delete
Name: STEVENS, ALMA
Address: 919 HILLCREST DRIVE, #610
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: MEHTA, URVASHI
Address: 1550 N.W. 123 STREET, #202
City-St-Zip: MIAMI, FL 33161

Title: M () Delete
Name: O'BRYANT, ROBERT
Address: 1060 N.W. 85 STREET
City-St-Zip: MIAMI, FL 33150

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELTON ALLWOOD

CEO

01/09/2007

Electronic Signature of Signing Officer or Director

Date