2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# N05000002478

Entity Name: MEN WHO MAKE A DIFFERENCE, CORP

Current Principal Place of Business:

4544 WESLEY DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

4544 WESLEY DRIVE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 02-0578437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEASE, LEE A SR
4544 WESLEY DRIVE
TALLAHASSEE, FL 32303 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: PEASE, LEE A SR
Address: 4544 WESLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VP ( ) Delete
Name: CHUKES, WILLIAM
Address: 902 CONYERS STREET
City-St-Zip: HAVANA, FL 32333 US

Title: T ( ) Delete
Name: DENNARD, JAMES
Address: RT. 3, BOX 4079, TIMBERRUN
City-St-Zip: HAVANA, FL 32333 US

Title: D ( ) Delete
Name: LEWIS, HAROLD
Address: 413 CONYERS STREET
City-St-Zip: HAVANA, FL 32333 US

Title: D ( ) Delete
Name: CHANDLER, LEVON
Address: 909 S.E. 1ST STREET
City-St-Zip: HAVANA, FL 32333 US

Title: D ( ) Delete
Name: KENON, LARRY
Address: 40 PROSPECT PLACE
City-St-Zip: HAVANA, FL 32333 US

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: LEE A. PEASE P 02/21/2006

Electronic Signature of Signing Officer or Director — Date