

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90168 024 ****61.25

DOCUMENT # N05000004907					
1. Entity Name GENTLEMEN COMMITTED TO MAKING A DIFFERENCE, INC.					
Principal Place of Business 9828 LITTLE RIVER DRIVE MIAMI, FL 33147 US			Mailing Address 9828 LITTLE RIVER DRIVE MIAMI, FL 33147 US		
2. Principal Place of Business 1241 NW 51 STREET Suite, Apt. #, etc.		3. Mailing Address 1241 NW 51 STREET Suite, Apt. #, etc.			
City & State MIAMI FLA		City & State MIAMI FLA		4. FEI Number 20-2404244	
Zip 33142		Country MIAMIZONE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLIFTON, HARRISON 1241 NW 51 STREET MIAMI, FL 33142			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>CLIFTON HARRISON</u> <u>Clifton Harrison</u> <u>4-25-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PR NAME BLACK, LARRY STREET ADDRESS 9828 LITTLE RIVER DRIVE CITY-ST-ZIP MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete		TITLE PR NAME CLIFTON HARRISON STREET ADDRESS 1241 NW 51 STREET CITY-ST-ZIP MIAMI FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD	
TITLE VP NAME HARRISON, CLIFTON STREET ADDRESS 1241 NW 51 STREET CITY-ST-ZIP MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete		TITLE VP NAME JAMES STARKS STREET ADDRESS 6115 NW 30 AVE CITY-ST-ZIP MIAMI FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD	
TITLE SEC NAME DIXON, EUGENE STREET ADDRESS 1245 NW 50 STREET CITY-ST-ZIP MIAMI, FL 33142	<input type="checkbox"/> Delete		TITLE SEC NAME EUGENE DIXON STREET ADDRESS 1245 NW 50 STREET CITY-ST-ZIP MIAMI FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD	
TITLE TR NAME JONES, JAMES STREET ADDRESS 2415 NW 92 STREET CITY-ST-ZIP MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete		TITLE TR NAME ERIN GAVIN STREET ADDRESS 8005 NW 18TH COURT CITY-ST-ZIP MIAMI FL 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 trustee empowered to execute this report as required by Chapter 617, 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 empowered.					
SIGNATURE: <u>Clifton Harrison</u> <u>CLIFTON HARRISON</u>			<u>4-25-06</u> <u>305 757-4056</u> <small>Date Daytime Phone #</small>		