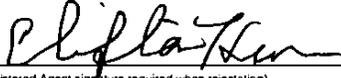
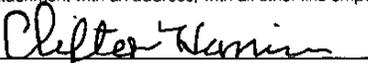


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

|  |                         |  |   |  |  |
|--|-------------------------|--|---|--|--|
| DOCUMENT # N05000004907  |                         |  |   |         |  |
| 1. Entity Name<br>GENTLEMEN COMMITTED TO MAKING A DIFFERENCE, INC.   |                         |  |   |  |  |
| Principal Place of Business<br>9828 LITTLE RIVER DRIVE<br>MIAMI, FL 33147 US   |                         | Mailing Address<br>9828 LITTLE RIVER DRIVE<br>MIAMI, FL 33147 US                     |   |  |  |
| 2. Principal Place of Business<br>1241 NW 51 STREET<br>Suite, Apt. #, etc.   |                         | 3. Mailing Address<br>1241 NW 51 STREET<br>Suite, Apt. #, etc.                       |   |  |  |
| City & State<br>MIAMI FLA  |                         | City & State<br>MIAMI FLA  |   | 4. FEI Number<br>20-2404244  |  |
| Zip<br>33142   |                         | Country<br>MIAMIDADE   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>CLIFTON, HARRISON<br>1241 NW 51 STREET<br>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: CLIFTON HARRISON  |                         |  |   | 4-25-06  |  |
| Signature, typed or printed name of registered agent and title if applicable.  |                         | (NOTE: Registered Agent signature required when reinstating)                         |   | DATE   |  |
| Filing Fee is \$61.25<br>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                      | <input checked="" type="checkbox"/> Delete   | TITLE   | PR   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | BLACK, LARRY            |  | NAME  | CLIFTON HARRISON   | PD   |
| STREET ADDRESS   | 9828 LITTLE RIVER DRIVE |  | STREET ADDRESS  | 1241 NW 51 STREET  |  |
| CITY-ST-ZIP  | MIAMI, FL 33147         |  | CITY-ST-ZIP   | MIAMI FL 33142   |  |
| TITLE  | VP                      | <input checked="" type="checkbox"/> Delete   | TITLE   | VP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | HARRISON, CLIFTON       |  | NAME  | JAMES STARKS   | PD   |
| STREET ADDRESS   | 1241 NW 51 STREET       |  | STREET ADDRESS  | 6115 NW 30 AVE   |  |
| CITY-ST-ZIP  | MIAMI, FL 33142         |  | CITY-ST-ZIP   | MIAMI FL 33142   |  |
| TITLE  | SEC                     | <input type="checkbox"/> Delete  | TITLE   | SEC  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | DIXON, EUGENE           |  | NAME  | EUGENE DIXON   | PD   |
| STREET ADDRESS   | 1245 NW 50 STREET       |  | STREET ADDRESS  | 1245 NW 50 STREET  |  |
| CITY-ST-ZIP  | MIAMI, FL 33142         |  | CITY-ST-ZIP   | MIAMI FL 33142   |  |
| TITLE  | TR                      | <input checked="" type="checkbox"/> Delete   | TITLE   | TR   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | JONES, JAMES            |  | NAME  | ERWIN GAVIN  | PD   |
| STREET ADDRESS   | 2415 NW 92 STREET       |  | STREET ADDRESS  | 8005 NW 18TH COURT   |  |
| CITY-ST-ZIP  | MIAMI, FL 33147         |  | CITY-ST-ZIP   | MIAMI FL 33147   |  |
| TITLE  |                         | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                         |  | NAME  |  |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP   |  |  |
| TITLE  |                         | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                         |  | NAME  |  |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP   |  |  |
| 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:    |                         | CLIFTON HARRISON   |   | 4-25-06  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                         |  |   | Date   |  |
|  |                         |  |   | Daytime Phone # 305 757-4056   |  |