## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012409

FILED Mar 29, 2007 Secretary of State

Entity Name: MAKING A DIFFERENCE FOUNDATION INC.

**Current Principal Place of Business: New Principal Place of Business:** 153 BOBWHITE RD ROYAL PALM BEACH, FL 33411 **Current Mailing Address: New Mailing Address:** 153 BOBWHITE RD ROYAL PALM BEACH, FL 33411 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHARPE, ALFRED 153 BOBWHITE RD ROYAL PALM BEACH, FL 33411 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SHARPE, ALFRED Name: Name: 153 BOBWHITE RD Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: () Change () Addition MOSELEY, RICHARD Name: Name: Address: 548 N CYPRESS DR Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BOWES, ANWAR Name: ANDRE, SHARPE Name: Address: 150 79TH CT N Address: 153 BOBWHITE RD City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: ROYAL PALM BEACH, FL 33411 Title: **EDIT** () Delete Title: () Change () Addition Name: LUNDY, THIERRY Name: 4950 WEDGEWOOD WAY Address: Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: Title: COOR () Delete Title: () Change () Addition SHARPE, ALFRED Name: Name: 153 BOBWHITE RD Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: () Change () Addition SHARPE, MARC Name: Name: Address: 153 BOBWHITE RD Address: ROYAL PALM BEACH, FL 33411 City-St-Zip: 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: A SHARPE P 03/29/2007