


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

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000001947 1. Entity Name MAKE A DIFFERENCE FOUNDATION, INC.	
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Principal Place of Business 3205 ST. JAMES DRIVE BOCA RATON, FL 33434	Mailing Address P.O. 810430 BOCA RATON, FL 33481
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01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0843714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIRESTONE, SUSAN G 3205 SAINT JAMES DRIVE BOCA RATON, FL 33434

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSER, GLORIA 5742 NW 24TH AVE #502 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSER, ABRAHAM 5742 NW 24TH AVE #502 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRESTONE, SUSAN G 3205 SAINT JAMES DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSER, STUART 710 LINWOOD DRIVE GREENSBURG, PA 15601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/06-80007-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Susan G. Firestone, Officer 1/17/06 561-482-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Susan G. Firestone