



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

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 718794</b>		
1. Entity Name <b>NELLE SMITH RESIDENCE FOR GIRLS, INC.</b>		
Principal Place of Business <b>515 NORTH FLAGLER DRIVE, STE 401 WEST PALM BEACH, FL 33401 US</b>		Mailing Address <b>515 NORTH FLAGLER DRIVE, STE 401 WEST PALM BEACH, FL 33401 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01092006 No Chg-NP CR2E037 (11/05)
4. FEI Number <b>59-1313197</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>SMITH, D. CULVER 515 NORTH FLAGLER DRIVE, STE 401 WEST PALM BEACH, FL 33401</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, D. CULVER III 324 GREYMAN DRIVE WEST PALM BEACH, FL 33405	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUHN, MICHELLE 408 GULF ROAD NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARPE, MARY C 821 FLAMINGO DRIVE WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, MARY KAY 1707 NORTH LAKESIDE DRIVE LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, EILEEN 3525 TACONIC DRIVE WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLANDER, GIGI 225 SOUTH COUNTY ROAD PALM BEACH, FL 33480	
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: 		Date <b>1/9/2006</b> Daytime Phone # <b>561-833-3772</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		