


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 718794


1. Entity Name
NELLE SMITH RESIDENCE FOR GIRLS, INC.



Principal Place of Business
515 NORTH FLAGLER DRIVE, STE 401
WEST PALM BEACH, FL 33401 US

Mailing Address
515 NORTH FLAGLER DRIVE, STE 401
WEST PALM BEACH, FL 33401 US

DO NOT WRITE IN THIS SPACE



03012007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1313197

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, D. CULVER
515 NORTH FLAGLER DRIVE, STE 401
WEST PALM BEACH, FL 33401

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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 _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000656341
 03/14/07-80021-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, D. CULVER III 324 GREYMAN DRIVE WEST PALM BEACH, FL 33405
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

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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: D. Culver Smith III **D. Culver Smith III** 3/2/07 561-835-3772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #