


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

FILED

**Jan 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # F04000003049		
1. Entity Name SELECTIVE MUTISM FOUNDATION, INC.		
Principal Place of Business 4832 NW 22ND STREET COCONUT CREEK, FL 33063		Mailing Address 4832 NW 22ND STREET COCONUT CREEK, FL 33063
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NEWMAN-MERCADO, SUE 4832 NW 22ND STREET COCONUT CREEK, FL 33063		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE	COD	
NAME	NEWMAN-MERCADO, SUE	
STREET ADDRESS	564 SW INDIAN KEY DR	
CITY- ST- ZIP	PORT ST LUCIE, FL 34986	
TITLE	COD	
NAME	MILLER, CAROLYN	
STREET ADDRESS	221 RIVER BEND RD	
CITY- ST- ZIP	SISSONVILLE, WV 25320	
TITLE	T	
NAME	POMBIER, KATHLEEN D	
STREET ADDRESS	7461 NW 10TH CT	
CITY- ST- ZIP	PLANTATION, FL 33313	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: <u><i>Sue Newman-Mercado</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/11/06</u> Daytime Phone # <u>954-979-6055</u>



01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 55-0711460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

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01/18/06-80004-006 61.25

**DO NOT WRITE
IN THIS SPACE**