

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

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

**DOCUMENT # N41289**

1. Entity Name

THE MCNULTY CHARITABLE FOUNDATION, INC.



Principal Place of Business

%HARVEY CAPITAL MANAGEMENT  
400 ROYAL PALM WAY, SUITE 400  
PALM BEACH, FL 33480

Mailing Address

%HARVEY CAPITAL MANAGEMENT  
400 ROYAL PALM WAY, SUITE 400  
PALM BEACH, FL 33480



01092006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0229961

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARVEY, ROBERT D  
400 ROYAL PALM WAY  
SUITE 400  
PALM BEACH, FL 33480

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD  
NAME CAMPBELL, KIM K  
STREET ADDRESS 8965 SE BRIDGE RD, STE 202  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE PD  
NAME HARVEY, ROBERT  
STREET ADDRESS 160 DUNBAR ROAD  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VD  
NAME CAMPBELL, ROLLA  
STREET ADDRESS 8965 SE BRIDGE RD, STE 202  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000384953  
01/17/06-80037-001 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 561-804-9181  
DATE Daytime Phone #