


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90026 024 ****70.00

DOCUMENT # N99000006558	
1. Entity Name FRIENDS OF GISELLE'S, INC.	

Principal Place of Business 300 ROYAL PALM BCH BLVD 298 ROYAL PALM BEACH, FL 33411	Mailing Address 300 ROYAL PALM BCH BLVD 298 ROYAL PALM BEACH, FL 33411
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0977878		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THARPE, ELLEN 258 PONCE DE LEON ST WEST PALM BEACH, FL 33411		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 the 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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLISKOW, STEVEN MD			NAME			
STREET ADDRESS	1549 WHILTSHIRE VILLAGE			STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON, FL 33414			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERA, ZAIDA			NAME			
STREET ADDRESS	11817 52ND RD. NORTH			STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THARPE, ELLEN			NAME			
STREET ADDRESS	258 PONCE DE LEON ST.			STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARSSI, JEANNETTE			NAME			
STREET ADDRESS	750 CEDAR COVE RD.			STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON, FL 33414			CITY-ST-ZIP			
TITLE	CS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEAN, BESSETTE			NAME			
STREET ADDRESS	11447 47TH RD. N			STREET ADDRESS			
CITY-ST-ZIP	RPB, FL 33411			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ellen Sharpe 1/23/06 561-310-9328