## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000080637

Title:

Name:

Address:

City-St-Zip:

FILED Aug 23, 2005 Secretary of State

Entity Name: SMART GIRLS, INC.					
Current Principal Place of Business: 9047 THE LANE NAPLES, FL 34109			New Principal Place	New Principal Place of Business:	
Current Mailing Address:			New Mailing Address:		
9047 THE L NAPLES, F					
FEI Number:	80-0082054	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
FAERBER LANIER DEIFIK CLIFF & ROSS, P.A. 599 NINTH STREET NORTH SUITE 300 NAPLES, FL 34102 US			CULLEN, SUSAN E 9047 THE LANE NAPLES, FL 34109	US	
The above in the State		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E SUSAND	CULLENI			
				08/23/2005	
		E. COLLEIN  nic Signature of Registered Ag	ent	08/23/2005 Date	
Election Cam	Electron		ent		
	Electron	nic Signature of Registered Ag			
	Electron paign Financin AND DIREC	nic Signature of Registered Ag g Trust Fund Contribution ( ). TORS: ) Delete E		Date	
OFFICERS Title: Name: Address:	Electron  paign Financin  AND DIREC  P ( CULLEN, SUE 9047 THE LAN NAPLES, FL 3	nic Signature of Registered Ag g Trust Fund Contribution ( ). CTORS: ) Delete E 64109 ) Delete E	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron  paign Financin  AND DIRECT  P ( CULLEN, SUE 9047 THE LAN NAPLES, FL 3  D ( CULLEN, SUE 9047 THE LAN NAPLES, FL 3	nic Signature of Registered Ag g Trust Fund Contribution ( ). ETORS: ) Delete E 4109 ) Delete E 4109 () Delete EANETTE EANETTE	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN E. CULLEN Ρ 08/23/2005

(X) Delete

GALVANEK, JEANETTE

9040 THE LANE

NAPLES, FL 34109

() Change () Addition