


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90011 029 ***150.00

DOCUMENT # 829556
 1. Entity Name
HSI MANAGEMENT INC.



Principal Place of Business
**5505 INTERSTATE NO PRKWY NW
 ATLANTA, GA 30328**


Mailing Address
**5505 INTERSTATE NO PRKWY NW
 ATLANTA, GA 30328**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03282006 Chg-P CR2E034 (11/05)

4. FEI Number
58-1119868

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RYAN, SHIRLEY C	
STREET ADDRESS	5505 INTERST N PKWY NW	
CITY - ST - ZIP	ATLANTA, GA 30328	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHOFFNER, MICHAEL C	
STREET ADDRESS	5505 INTERST N PKWY NW	
CITY - ST - ZIP	ATLANTA, GA 30328	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HAMMER, JACK T	
STREET ADDRESS	5505 INTERST N PKWY NW	
CITY - ST - ZIP	ATLANTA, GA 30328	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHOFFNER, MICHAEL C	
STREET ADDRESS	5505 INTERSTATE NORTH PARKWAY	
CITY - ST - ZIP	ATLANTA, GA 30328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Chief Executive Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin L. Owens	
STREET ADDRESS	5505 Interstate N. Pkwy	
CITY - ST - ZIP	Atlanta, GA 30328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd Beresin	
STREET ADDRESS	5505 Interstate N. Pkwy.	
CITY - ST - ZIP	Atlanta, GA 30328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: _____ **3/29/06** **770-952-2239**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #