


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90015 010 \*\*\*158.75

<b>DOCUMENT # P04000147814</b>			
1. Entity Name NHB HOLDINGS, INC.		Principal Place of Business 5210 BELFORT RD SUITE 100 JACKSONVILLE, FL 32256	
2. Principal Place of Business		3. Mailing Address 5210 BELFORT RD SUITE 100 JACKSONVILLE, FL 32256	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 41-2157132		Applied For Not Applicable	
5. Certificate of Status Desired		Chg-P CR2E034 (11/05)	
8. Name and Address of Current Registered Agent SLAGLE, WILLIAM G 6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name <b>SLAGLE, WILLIAM G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5210 BELFORT ROAD, STE 100</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32256</b>	
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 <i>William G. Slagle</i>		DATE <b>1/26/2006</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when rechartering)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>CD</b> NAME <b>SLAGLE, WILLIAM G</b> STREET ADDRESS <b>2300 BAREFIT TERR 5210 BELFORT ROAD, STE 100</b> CITY-ST-ZIP <b>ATLANTIC BEACH, FL 32233 JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>RICHARD D. DANFORD</b> STREET ADDRESS <b>5210 BELFORT ROAD, SUITE 100</b> CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>WESTMAN, JOHN W</b> STREET ADDRESS <b>2218 ALICIA LANE 5210 BELFORT ROAD, STE 100</b> CITY-ST-ZIP <b>ATLANTIC BEACH, FL 32233 JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>RICHARD H. MANSFIELD</b> STREET ADDRESS <b>5210 BELFORT ROAD, SUITE 100</b> CITY-ST-ZIP <b>JACKSONVILLE FLORIDA 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>IRELAND, WELCH (LOCK)</b> STREET ADDRESS <b>2211 ALICIA LANE 5210 BELFORT ROAD, STE 100</b> CITY-ST-ZIP <b>ATLANTIC BEACH, FL 32233 JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Delete	TITLE <b>V</b> NAME <b>TIMOTHY R. HAUG</b> STREET ADDRESS <b>5210 BELFORT ROAD, SUITE 100</b> CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>JOHNSON, T STEPHEN</b> STREET ADDRESS <b>3690 MANSALL ROAD 5210 BELFORT ROAD STE 100</b> CITY-ST-ZIP <b>ALPHARETTA, GA 30022 JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME <b>ROSWELL BOWERS</b> STREET ADDRESS <b>5210 BELFORT ROAD, SUITE 100</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> NAME <b>ASHLEY, DAVID R</b> STREET ADDRESS <b>5020 YACHT CLUB ROAD</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32210</b>	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME <b>GURF, STUART</b> STREET ADDRESS <b>5167 RIVERHILL ROAD 5210 BELFORT ROAD, STE 100</b> CITY-ST-ZIP <b>MARIETTA, GA 30088 JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>William G. Slagle</i>		DATE <b>1/26/2006</b> 904-332-6610	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	