

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144131

Entity Name: AAL HOLDINGS, INC.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

New Principal Place of Business:

Current Mailing Address:

ONE PARK PLAZA
NASHVILLE, TN 37203

New Mailing Address:

P.O. BOX 750
NASHVILLE, TN 37202

FEI Number: 11-3761707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, A BRUCE JR.
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: VPSD () Delete
Name: FRANCK, JOHN M II
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: VPD () Delete
Name: JOHNSON, R MILTON
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: VPT () Delete
Name: ANDERSON, DAVID G
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: VP () Delete
Name: BRAY, MIKE T
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: AS () Delete
Name: GENTILE, CHRISTOPHER
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPAS (X) Change () Addition
Name: BLACKWOOD, DORA A
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: DORA A. BLACKWOOD

VPAS

04/20/2006

Electronic Signature of Signing Officer or Director

Date