2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16317

ne: SAHLMAN HOLDING COMPANY, INC

FILED Jan 04, 2006 Secretary of State

Entity Name: SAHLMAN HOLDING COMPANY, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
1601 SAHL TAMPA, FL	MAN DRIVE 33605				
Current Mailing Address:			New Mailing Address:		
1601 SAHLMAN DRIVE TAMPA, FL 33605					
FEI Number:	59-2833866 FE	I Number Applied For () FEI Nu	mber Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SAHLMAN, C. W. 1601 SAHLMAN DRIVE TAMPA, FL 33605 US					
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 Carr	paign Financing Tru	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Dele SAHLMAN, CHARLES 1601 SALHLMAN DR TAMPA, FL	S W.,	Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition SAHLMAN, CHARLES W 1601 SALHLMAN DRIVE TAMPA, FL 33605	
Title: Name: Address: City-St-Zip:	ST () Dele WIESEN, H.J., 1601 SALHLMAN DR TAMPA, FL		Title: Name: Address: City-St-Zip:	ST (X) Change () Addition DUSENBRRY, B J SEC/TRE 1601 SALHLMAN DRIVE TAMPA, FL 33605	
Title: Name: Address: City-St-Zip:	D () Dele SAHLMAN, WILLIAM HARVARD BUS.SCH BOSTON, MA	A.,	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SAHLMAN, WILLIMAN DIR HARVARD BUS.SCH.BAKER436 BOSTON, MA	
Title: Name: Address: City-St-Zip:	PD () Dele WILLIAMS, MARCHA 1601 SAHLMAN DRI ¹ TAMPA, FL 33605	INT A	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition WILLIAMS, MARCHANT A PRE DIR 1601 SAHLMAN DRIVE TAMPA, FL 33605	
Title: Name: Address: City-St-Zip:	D () Dele JACOBI, C MICHAEL 358 TRANQUILLITY MIDDLEBURY, CT 0	RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CASTER, ANTHONY T 765 STRAITS TURNPIKE MIDDLEBURY, CT 06762	
Title: Name: Address: City-St-Zip:	D () Dele ROSENTHAL, AMIR 765 STRAITS TURNE MIDDLEBURY, CT O	PIKE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: BOBBIE DUSENBERRY ST 01/04/2006