2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# P16317

Entity Name: SAHLMAN HOLDING COMPANY, INC.

Current Principal Place of Business:

1601 SAHLMAN DRIVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1601 SAHLMAN DRIVE
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-2833866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAHLMAN, C. W.
1601 SAHLMAN DRIVE
TAMPA, FL 33605 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:	DIR	( ) Delete
Name:	SAHLMAN, CHARLES W	
Address:	1601 SALHLMAN DRIVE	
City-St-Zip:	TAMPA, FL 33605	
Title:	ST	( ) Delete
Name:	DUSENBRRY, B J SEC/TRE	
Address:	1601 SALHLMAN DRIVE	
City-St-Zip:	TAMPA, FL 33605	
Title:	D	( ) Delete
Name:	SAHLMAN, WILLIMAN DIR	
Address:	HARVARD BUS.SCH.BAKER436	
City-St-Zip:	BOSTON, MA	
Title:	PD	( ) Delete
Name:	WILLIAMS, MARCHANT A PRE DIR	
Address:	1601 SAHLMAN DRIVE	
City-St-Zip:	TAMPA, FL 33605	
Title:	D	( ) Delete
Name:	CASTER, ANTHONY T	
Address:	765 STRAITS TURNPIKE	
City-St-Zip:	MIDDLEBURY, CT 06762	
Title:	D	( ) Delete
Name:	ROSENTHAL, AMIR	
Address:	765 STRAITS TURNPIKE	
City-St-Zip:	MIDDLEBURY, CT 06732	

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

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: B J DUSENBERRY SEC/ 01/16/2007

Electronic Signature of Signing Officer or Director Date