

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000887

Entity Name: HAI MANAGEMENT, INC.

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

7170 RIVERWOOD DRIVE
A
COLUMBIA, MD 21046

New Principal Place of Business:

Current Mailing Address:

7170 RIVERWOOD DRIVE
A
COLUMBIA, MD 21046

New Mailing Address:

FEI Number: 62-1183579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOLLANDER, ROBERT
151 LOOKOUT PLACE, SUITE 201
MAITLAND, FL 32751 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: P () Delete
Name: UDOFF, ROBERT S
Address: 7170 RIVERWOOD DRIVE
City-St-Zip: COLUMBIA, MD 21046

Title: STD (X) Delete
Name: HOOPER, BETHANY H
Address: 7170 RIVERWOOD DRIVE
City-St-Zip: COLUMBIA, MD 21046

Title: AS () Delete
Name: THOLLANDER, ROBERT
Address: 1961 KING ARTHUR'S COURT
City-St-Zip: WINTER PARK, FL 32792

Title: AS () Delete
Name: BARILA, TIMOTHY P
Address: 7170 RIVERWOOD DRIVE
City-St-Zip: COLUMBIA, MD 21046

Title: AS () Delete
Name: CAVANAUGH, MARGARET M
Address: 7170 RIVERWOOD DRIVE
City-St-Zip: COLUMBIA, MD 21046

Title: CD () Delete
Name: HUMPHREY, JAMES I JR.
Address: 7170 RIVERWOOD DRIVE
City-St-Zip: COLUMBIA, MD 21046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOOPER, BETHANY H
Address: 7170 RIVERWOOD DRIVE
City-St-Zip: COLUMBIA, MD 21046

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

Title: () Change () Addition
Name:
Address:
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Name:
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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: BETHANY H. HOOPER

P

01/04/2006

Electronic Signature of Signing Officer or Director

_____ Date