


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90174 018 \*\*\*150.00

DOCUMENT # P05000023567

1. Entity Name  
 KENDALL C HUDSON, INC




Principal Place of Business      Mailing Address

1201 US HIGHWAY ONE      1201 US HIGHWAY ONE  
 420      420  
 NORTH PALM BEACH, FL 33408      NORTH PALM BEACH, FL 33408

2. Principal Place of Business      3. Mailing Address

*860 US Highway 1*      *860 US Highway 1*  
 Suite Apt # etc.      Suite, Apt. #, etc.  
*Suite 211*      *Suite 211*  
 City & State      City & State  
*North Palm Beach FL*      *North Palm Beach FL*  
 Zip      Zip      Country      Country  
*33408*      *33408*      *Palm Beach*      *Palm Beach*



03222006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
*14-1922857*      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELISI, MARTIN V  
 4361 NORTHLAKE BLVD  
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*2000 PCA BLVD*  
*Suite 3206*  
*Palm Beach Gardens FL*      Zip Code *33409*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDSON, KENDALL C 1201 US HIGHWAY ONE SUITE 420 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>7 Lochwick Road</i> <i>Palm Beach Gardens FL 33409</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Kendall C. Hudson*      Date: *4/15/06*      Daytime Phone # \_\_\_\_\_