


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 768263 1. Entity Name 766 HUDSON, INC.	
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<i>Principal Place of Business</i> 766 HUDSON AVE., STE. B SARASOTA, FL 34236	<i>Mailing Address</i> 3277 F FRUITVILLE ROAD SARASOTA, FL 34237
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0044030	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEWELL, E. LARRY 3277 F FRUITVILLE ROAD SARASOTA, FL 34237
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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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD SEWELL, E. LARRY 3277 F FRUITVILLE ROAD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, LARRY E 3277 FRUITVILLE RD., STE F SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURCHETT, CHARLA M 766 HUDSON AVE., STE. C SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNAUD, RANDALL T 766 HUDSON AVE., STE. D SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000383945
01/13/06-80022-004 61.25

DO NOT WRITE IN THIS SPACE

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 617, 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: _____ **941.365.5111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____