


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91031 038 ***158.75

DOCUMENT # F02000000170		
1. Entity Name HUDD DISTRIBUTION SERVICES, INC.		

Principal Place of Business 5011 FIRESTONE PLACE SOUTH GATE, CA 90280	Mailing Address 5011 FIRESTONE PLACE SOUTH GATE, CA 90280
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04032004 Chg-P CR2E034 (10/03)

4. FEI Number 95-3761174		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SALVO, DAN 9901 N.W. 106TH STREET MEDLEY, FL 33178		Name: <u>James Ridgely</u> Street Address (P.O. Box Number is Not Acceptable) <u>9901 N.W. 106th Street</u> City: <u>Medley</u> FL Zip Code: <u>33178</u>

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: (James Ridgely) James Ridgely DATE: 4/13/04

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CD NAME: CHIARELLO, ANTHONY STREET ADDRESS: GIRALDA FARMS MADISON AVE. CITY-ST-ZIP: MADISON, NJ	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: BACH, MICHAEL STREET ADDRESS: 5011 FIRESTONE PLACE CITY-ST-ZIP: SOUTH GATE, CA	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Jeff Larson STREET ADDRESS: 5011 Firestone Place CITY-ST-ZIP: South Gate, CA 90280	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: ANDERSON, JAN STREET ADDRESS: GIRALDA FARMS MADISON AVE. CITY-ST-ZIP: MADISON, NJ	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CFO NAME: GREEN, COLIN STREET ADDRESS: 5011 FIRESTONE PLACE CITY-ST-ZIP: SOUTH GATE, CA 90280	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 exemption stated in Section 119.07(3)(i), 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: Colin Green, CFO Date: 4/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR