2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000170

Entity Name: HUDD DISTRIBUTION SERVICES, INC

FILED Apr 26, 2005 Secretary of State

Entity Name: HODD DISTRIBUTION SERVICES, INC.						
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:		
	STONE PLACI ATE, CA 9028					
Current Mailing Address:			New Mailing Address:			
5011 FIRESTONE PLACE SOUTH GATE, CA 90280			TAX DEPA P.O. BOX 6 MADISON			
FEI Number:	95-3761174	FEI Number Applied For ()	FEI Number Not App	icable () Co	ertificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
MEDLEY, F	106TH STREE L 33178 U	ET S submits this statement for the po	urpose of changing i	ts registered offic	e or registered agent, or both,	
SIGNATUR						
SICINATOR		ic Signature of Registered Age	nt		 Date	
Election Cam	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CHIARELLO, AN	Delete ITHONY IS MADISON AVE.	Title: Name: Address: City-St-Zip:	CD (X) CH CHIARELLO, ANTH 286 HARLINGEN R BELLE MEADE, N	OAD	
Title: Name: Address: City-St-Zip:	P () LARSON, JEFF 5011 FIRESTOI SOUTH GATE, 0		Title: Name: Address: City-St-Zip:	P (X) CH LARSON, JEFF 1804 LANTANA DR YORBA LINDA, CA		
Title: Name: Address: City-St-Zip:	ANDERSON, JA	Delete N IS MADISON AVE	Title: Name: Address: City-St-Zip:	S (X) CH ANDERSON, JAN H 7 RAMSEY WAY LONG VALLEY, NJ		
Title: Name: Address: City-St-Zip:	CFO () GREEN, COLIN 5011 FIRESTOI SOUTH GATE, 0		Title: Name: Address: City-St-Zip:	T (X) CH GREEN, COLIN 5420 SMOKEY MC YORBA LINDA, CA		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Ch MURRAY, WILLIAM 23621 VALARTA LA MISSION VIEJO, C	ANE	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAN K ANDERSEN S 04/26/2005