## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000000170

Entity Name: HUDD DISTRIBUTION SERVICES, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	STONE PLAC ATE, CA 9028					
Current Mailing Address:				New Mailing Address:		
TAX DEPA P.O. BOX 8 MADISON,	880					
FEI Number:	26-1223473	FEI Number Applied For ( )	FEI Nur	nber Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and	Address of New Registered Agent:	
1200 SOU <sup>-</sup>	ORATION SYS TH PINE ISLAI ON, FL 33324	ND ROAD				
The above in the State		submits this statement for the p	purpose c	of changing i	ts registered office or registered agent, or both,	
SIGNATUR	·					
		ic Signature of Registered Ag	ent		Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BRUNER, RUS	RMS, MADISON AVENUE		Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition BENNETT, BRETT 2 GIRALDA FARMS - MADISON AVENUE MADISON, NJ 07940	
Title: Name: Address: City-St-Zip:	TARO, NICHOL	RMS, MADISON AVENUE		Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition TARO, NICHOLAS 2 GIRALDA FARMS, MADISON AVENUE MADISON, NJ 07940	
Title: Name: Address: City-St-Zip:	ANDERSEN, JA	RMS, MADISON AVENUE		Title: Name: Address: City-St-Zip:	S/T (X) Change ( ) Addition GREEN, COLINS 2 GIRALDA FARMS, MADISON AVENUE MADISON, NJ 07940	
Title: Name: Address: City-St-Zip:	ANDERSEN, JA	RMS, MADISON AVENUE		Title: Name: Address: City-St-Zip:	C (X) Change ( ) Addition BRUNER, J RUSSELL 2 GIRALDA FARMS - MADISON AVENUE MADISON, NJ 07940	
Title: Name: Address: City-St-Zip:	MOLLER, HANS	RMS, MADISON AVENUE		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition NICOLAISEN, MORTEN K 2 GIRALDA FARMS - MADISON AVENUE MADISON, NJ 07940	
Title: Name: Address: City-St-Zip:	DOUGLAS, CE	RMS, MADISON AVENUE		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: COLIN GREEN S/T 04/14/2009