


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 A
Secretary of State

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| DOCUMENT # P03000095813 1. Entity Name HUDI, INC. |  |
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| Principal Place of Business 400 SAVAGE COURT LONGWOOD, FL 32750 US | Mailing Address 400 SAVAGE COURT LONGWOOD, FL 32750 US |
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01292007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-0193903 | Applied For Not Applicable |
| 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 CHEERS 400 SAVAGE COURT LONGWOOD, FL 32750 |
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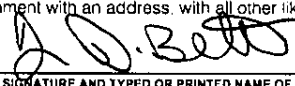
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO DIBENEDETTO, KIMBERLY S 645 MELLOWOOD AVE ORLANDO, FL 32825 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DIBENEDETTO, FREDERICK J JR 645 MELLOWOOD AVE ORLANDO, FL 32825 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| <p>1000000646313 '03/06/07-80024-019 150.00</p> DO NOT WRITE IN THIS SPACE |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>2/20/07</u> Daytime Phone # <u>407-831-6799</u> |