

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14696

FILED
May 01, 2006
Secretary of State

Entity Name: HEAD DISTRIBUTING COMPANY

Current Principal Place of Business:

5701 N SHARTEL
OKLAHOMA CITY, OK 73118

New Principal Place of Business:

Current Mailing Address:

5701 N SHARTEL
OKLAHOMA CITY, OK 73118

New Mailing Address:

FEI Number: 58-1095258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: WALSH, J. MICHAEL
Address: 395 OYSTER POINT BLVD., STE. 415
City-St-Zip: SOUTH SAN FRANCISCO, CA 940801932

Title: V () Delete
Name: WAN, CYRIL
Address: 395 OYSTER POINT BLVD., STE. 415
City-St-Zip: SOUTH SAN FRANCISCO, CA 940801932

Title: CFO () Delete
Name: WALL, JAMES
Address: 395 OYSTER POINT BLVD. STE 415
City-St-Zip: SOUTH SAN FRANCISCO, CA 940801932

Title: S () Delete
Name: HAUTAU, HENRY
Address: 395 OYSTER POINT BLVD., STE. 412
City-St-Zip: SOUTH SAN FRANCISCO, CA 940801932

Title: TAS () Delete
Name: LORETZ-CONGDON, STACY
Address: 395 OYSTER POINT BLVD., STE. 412
City-St-Zip: SOUTH SAN FRANCISCO, CA 940801932

Title: V () Delete
Name: ANTHOLZNER, GREGORY P
Address: 395 OYSTER POINT BLVD., STE. 412
City-St-Zip: SOUTH SAN FRANCISCO, CA 940801932

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STACY LORETZ-CONGDON

TREA

05/01/2006

Electronic Signature of Signing Officer or Director

Date