

FILED  
May 27, 2003 8:00 am  
Secretary of State

05-27-2003 90162 046 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 |                                                                |                                                                                                                 |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT #637161</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                 |                                                                |                                |                                   |
| 1. Entity Name<br><b>HUNTHILL FLORIDA CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 |                                                                |                                                                                                                 |                                   |
| Principal Place of Business<br>9655 W BROWARD BLVD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                 | Mailing Address<br>9655 W BROWARD BLVD<br>PLANTATION, FL 33324 |                                                                                                                 |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                 | 3. Mailing Address                                             |                                                                                                                 |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                 | Suite, Apt. #, etc.                                            |                                                                                                                 |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                 | City & State                                                   |                                                                                                                 |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | Country                         | Zip                                                            |                                                                                                                 | Country                           |
| 4. FEI Number<br><b>59-2088736</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                 |                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                          |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                 |                                                                | \$8.75 Additional Fee Required                                                                                  |                                   |
| 6. Name and Address of Current Registered Agent<br><b>LUNDY, RICHARD<br/>9656 W BROWARD BLVD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                 | 7. Name and Address of New Registered Agent                    |                                                                                                                 |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 | Name                                                           |                                                                                                                 |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 | Street Address (P.O. Box Number is Not Acceptable)             |                                                                                                                 |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 | City                                                           |                                                                                                                 |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 | FL Zip Code                                                    |                                                                                                                 |                                   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                 |                                                                |                                                                                                                 |                                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 FEE will be \$580.00<br>Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                 |                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |                                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P                            | <input type="checkbox"/> Delete | TITLE                                                          | <input type="checkbox"/> Change                                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>KOTURBASH, ROBERT</b>     |                                 | NAME                                                           |                                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>9656 W. BROWARD BLVD.</b> |                                 | STREET ADDRESS                                                 |                                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>PLANTATION, FL 33324</b>  |                                 | CITY-ST-ZIP                                                    |                                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete | TITLE                                                          | <input type="checkbox"/> Change                                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | NAME                                                           |                                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                 | STREET ADDRESS                                                 |                                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                 | CITY-ST-ZIP                                                    |                                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete | TITLE                                                          | <input type="checkbox"/> Change                                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | NAME                                                           |                                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                 | STREET ADDRESS                                                 |                                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                 | CITY-ST-ZIP                                                    |                                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete | TITLE                                                          | <input type="checkbox"/> Change                                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | NAME                                                           |                                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                 | STREET ADDRESS                                                 |                                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                 | CITY-ST-ZIP                                                    |                                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete | TITLE                                                          | <input type="checkbox"/> Change                                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | NAME                                                           |                                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                 | STREET ADDRESS                                                 |                                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                 | CITY-ST-ZIP                                                    |                                                                                                                 |                                   |
| 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: <b>Robert Koturbash</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                 | 4/23/03 (954) 452-0100                                         |                                                                                                                 |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                 | Date Daytime Phone #                                           |                                                                                                                 |                                   |

ROBERT KOTURBASH

MAILED FOR CLIENT  
4/23/03

U.S. DOLLAR ACCOUNT  
 HUNTHILL FLORIDA CORP.  
 NO. [REDACTED]  
 DATE April 21, 03  
 PAY TO THE ORDER OF Florida Dept of State  
One hundred and fifty 150 U.S. DOLLARS  
 THE ROYAL BANK OF CANADA  
 MAIN BRANCH  
 ROYAL BANK PLAZA  
 TORONTO, ONT. M5J 2J6  
 FOR 2003  
 HUNTHILL FLORIDA CORP.  
 PER Imp. Steward  
 MICR: 0000200031 401,000,000,000

Attachment  
 80121304  
 637161