

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

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90020 041 \*\*\*150.00

<b>DOCUMENT #</b> F04000002141
<b>1. Entity Name</b>
THE HUNTINGTON CORPORATION INC

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<b>2. Principal Place of Business</b> 9568 BERGAMO STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 9568 BERGAMO STREET Suite, Apt. #, etc.	
<b>City &amp; State</b> LAKE WORTH, FL		<b>City &amp; State</b> LAKE WORTH, FL	
<b>Zip</b> 33467-6167	<b>Country</b> USA	<b>Zip</b> 33467-6167	<b>Country</b> USA

<b>4. FEI Number</b> 52-2054313		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> DONALD SILVER	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 9568 BERGAMO STREET	
	<b>City</b> LAKE WORTH	<b>FL</b> <b>Zip Code</b> 33467

**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**  **DONALD SILVER**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> PRESIDENT	<b>NAME</b> DONALD SILVER	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 9568 BERGAMO STREET	<b>CITY-ST-ZIP</b> LAKE WORTH, FL	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
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<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
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<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **DONALD SILVER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **7/21/08** **561-966-7366**  
Date Daytime Phone #