

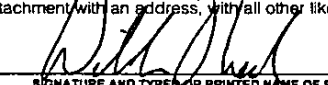


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90034 003 \*\*\*150.00

<b>DOCUMENT # G21665</b> 1. Entity Name <b>HUNTINGTON HOMES CORPORATION</b>					
Principal Place of Business <b>1666 MANNING OAKS BLVD PALM HARBOR, FL 34682</b>			Mailing Address <b>P.O. BOX 451 PALM HARBOR, FL 34682</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2278346</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'NEAL, WILLIAM K. 1801 OAK RIDGE RD SAFETY HARBOR, FL 34965</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1650 SANTA BARBARA DRIVE</b> City <b>DUNEDIN</b> FL Zip Code <b>34698</b>	
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'NEAL, WILLIAM K. <del>1428 RED OAK DR.</del> TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1650 SANTA BARBARA DRIVE DUNEDIN, FLORIDA 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'NEAL, WILLIAM K. <del>1428 RED OAK DR.</del> TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1650 SANTA BARBARA DRIVE DUNEDIN, FLORIDA 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'NEAL, WILLIAM K. <del>1428 RED OAK DR.</del> TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1650 SANTA BARBARA DRIVE DUNEDIN, FLORIDA 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'NEAL, WILLIAM K. <del>1428 RED OAK DR.</del> TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1650 SANTA BARBARA DRIVE DUNEDIN, FLORIDA 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>WILLIAM O'NEAL</b> 1/17/06 (127) 789-0033		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		