2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000082688

1. Entity Name

HHI ACQUISITION CORP.



Principal Place of Business

Mailing Address

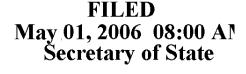
450 EAST LAS OLAS BLVD. SUITE 1500

FORT LAUDERDALE, FL 33301

450 EAST LAS OLAS BLVD.

SUITE 1500

FORT LAUDERDALE, FL 33301





DO NOT WRITE IN THIS SPACE

01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0606780

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. 801 BRICKELL AVENUE 24TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131			IN THIS SPACE	
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 Sgnature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) CATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	000000546801 05/11/06-80130-023 150.00
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUIZENGA, H.WAYNE JR 450 EAST LAS OLAS BLVD., SUITE 19 FORT LAUDERDALE, FL 33301	500		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANDLEY, RICHARD L 450 EAST LAS OLAS BLVD., SUITE 15 FORT LAUDERDALE, FL 33301	500		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST BRANDEN, CRIS V 450 EAST LAS OLAS BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPACE
TITLE AAME STREET ADDRESS CITY+ST-ZIP			. —	
TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filling cloes 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 of 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 adoless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

Daytime Phone #