

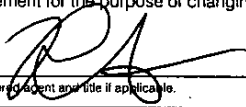
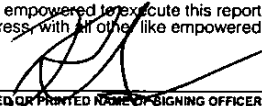


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90166 028 ***150.00

| DOCUMENT # P98000071833 1. Entity Name HUNTINGTON PROPERTIES & INVESTMENTS, INCORPORATED | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|--|----------------------------|--|--|---|--|--|-------|------|--------|-------|------|-----------------|--|---|-------------------------------------|--|---|--|--|--|-------------------------------------|--|--|---|--|--|-------------------------------------|--|--|---|--|--|--------------------------|--|--|---|--|--|--------------------------|--|--|---|--|--|--------------------------|--|--|---|
| Principal Place of Business 1011 NORTH MAIN STREET SUITE 6 KISSIMMEE, FL 34744 | | | Mailing Address 1011 NORTH MAIN STREET SUITE 6 KISSIMMEE, FL 34744 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1100 NORTH MAIN STREET | | 3. Mailing Address PO BOX 701323 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. SUITE B | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State KISSIMMEE FL | | City & State ST. CLOUD FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 34744 | | Country USA | | 4. FEI Number 65-0858125 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent VEAL, BARNEY 1011 NORTH MAIN STREET SUITE 6 KISSIMMEE, FL 34744 | | | | 7. Name and Address of New Registered Agent Name RONALD S. HOWSE Street Address (P.O. Box Number is Not Acceptable) 1100 NORTH MAIN ST, SUITE B City KISSIMMEE FL Zip Code 34744 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  (NOTE: Registered Agent signature required when reinstating) DATE 2/20/06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td>PD VEAL, BARNEY 2950 OLD CANOE CREEK RD ST CLOUD, FL 34772</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td></td> <td>PRESIDENT RONALD S HOWSE 1100 N. MAIN ST, STE B KISSIMMEE FL 34744</td> <td style="text-align: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>STD SIERING, MARILYN 3505 HARBOR RD KISSIMMEE, FL 34746</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>VPD VEAL, CAROLE 2950 OLD CANOE CREEK RD. SAINT CLOUD, FL 34772</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> | | | | | | 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | TITLE | NAME | Delete | TITLE | NAME | Change Addition | | PD VEAL, BARNEY 2950 OLD CANOE CREEK RD ST CLOUD, FL 34772 | <input checked="" type="checkbox"/> | | PRESIDENT RONALD S HOWSE 1100 N. MAIN ST, STE B KISSIMMEE FL 34744 | <input type="checkbox"/> <input checked="" type="checkbox"/> | | STD SIERING, MARILYN 3505 HARBOR RD KISSIMMEE, FL 34746 | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> | | VPD VEAL, CAROLE 2950 OLD CANOE CREEK RD. SAINT CLOUD, FL 34772 | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
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| | STD SIERING, MARILYN 3505 HARBOR RD KISSIMMEE, FL 34746 | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. SIGNATURE:  Date 2/20/06 Daytime Phone # 407-343-6007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |