


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 589348</b> 1. Entity Name HOUSE OF TROPHIES, INC.	
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Principal Place of Business 1050 CASSAT AVE. JACKSONVILLE, FL 32205	Mailing Address 1050 CASSAT AVE. JACKSONVILLE, FL 32205
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<p>DO NOT WRITE IN THESE SPACES</p>	
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02102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1845849</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  RAUSCH, LAWRENCE R. 1027 S. EDGEWOOD AVE. JACKSONVILLE, FL 32205	DO NOT WRITE IN THESE SPACES
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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: \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROWE, DONALD J. 1050 CASSAT AVE. JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALTERS, DEBORAH DEKLE 8135 GREEN GLADE RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKOX, GRACE 1636 BELLAIR BLVD ORANGE PARK, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000916216 05/12/08-80020-007 150.00</p> <p>DO NOT WRITE IN THESE SPACES</p>
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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:** Donald J. Rowe Donald J. Rowe 4/21/08 (904)786-8030  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #