

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 589348

FILED
Apr 15, 2009
Secretary of State

Entity Name: HOUSE OF TROPHIES, INC.

Current Principal Place of Business:

1050 CASSAT AVE.
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

1050 CASSAT AVE.
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-1845849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAUSCH, LAWRENCE R.
1027 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ROWE, DONALD J.
Address: 1050 CASSAT AVE.
City-St-Zip: JACKSONVILLE, FL 00000,

Title: S () Delete
Name: WALTERS, DEBORAH DEKLE
Address: 8135 GREEN GLADE RD
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: HICKOX, GRACE
Address: 1636 BELLAIR BLVD
City-St-Zip: ORANGE PARK, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: ROWE, DONALD J.
Address: 1050 CASSAT AVE.
City-St-Zip: JACKSONVILLE,, FL 32205 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HICKOX, GRACE
Address: 1636 BELLAIR BLVD
City-St-Zip: ORANGE PARK,, FL 32073 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD J. ROWE

V.P.

04/15/2009

Electronic Signature of Signing Officer or Director

Date