

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082886

Entity Name: AAA TROPHIES, INC.

FILED  
Mar 26, 2009  
Secretary of State

## Current Principal Place of Business:

460 N. RONALD REAGAN BLVD.  
SUITE 166  
LONGWOOD,, FL 32750

## New Principal Place of Business:

## Current Mailing Address:

460 N. RONALD REAGAN BLVD  
SUITE 166  
LONGWOOD,, FL 32750

## New Mailing Address:

FEI Number: 03-0405341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAMB, DONNA  
229 OAK PARK PLACE  
CASSELBERRY, FL 32707 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: PRES ( ) Delete  
Name: LAMB, DONNA  
Address: 229 OAK PARK PLACE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: LAMB, CHARLES  
Address: 513 WINDING OAK LN  
City-St-Zip: LONGWOOD,, FL 32750

Title: D ( ) Delete  
Name: LAMB, CHRISTOPHER  
Address: 2633 ATTLEBORO PLACE  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DONNA LAMB

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date