2004 FOR PROFIT CORPORATION

Jan 15, 2004 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P01000107168** 1. Entity Name AAA TROPHY MART, INC. Mailing Address Principal Place of Business 6936 BEACH BLVD 6936 BEACH BLVD JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 CR2E034 (10/03) 01122004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3759843 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOSEPH, BRIAN E DO NOT WRITE 6936 BEACH BLVD JACKSONVILLE, FL 32216 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE JOSEPH, BRIAN NAME 6936 BEACH BLVD STREET ADDRESS U00000004862 01/15/04-80030-004 150.00 JACKSONVILLE, FL 32216 CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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. changed, or on an attachment with an address, with all other

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

904-728-868