


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000124012 1. Entity Name AMERICAN TROPHY CORPORATION	
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Principal Place of Business 831 W MCNAB RD POMPANO BEACH, FL 33060	Mailing Address 831 W MCNAB RD POMPANO BEACH, FL 33060
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DO NOT WRITE IN THIS SPACE



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1646652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRODICK, STEVE
 3511 NW 122 AVE
 SUNRISE, FL 33323

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRODICK, STEVE 3511 NW 122 AVENUE SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRODICK, GERILYN 2410-1 ARAGON BLVD SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRODICK, SEAN 2410-1 ARAGON BLVD SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRODICK, ALFRED J 2410 ARAGON BLVD. SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/08/07-80042-016 150.00

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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 I am empowered.

SIGNATURE: *Gerilyn Trodick* 2-22-07 854-7822250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Gerilyn Trodick