2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# P04000124012

Entity Name: AMERICAN TROPHY CORPORATION

Current Principal Place of Business:

831 W MCNAB RD
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

831 W MCNAB RD
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 20-1646652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRODICK, STEVE
3511 NW 122 AVE
SUNRISE, FL 33323 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: PD ( ) Delete
Name: TRODICK, STEVE
Address: 3511 NW 122 AVENUE
City-St-Zip: SUNRISE, FL 33323

Title: VPD ( ) Delete
Name: TRODICK, GERILYN
Address: 2410-1 ARAGON BLVD
City-St-Zip: SUNRISE, FL 33322

Title: SD ( ) Delete
Name: TRODICK, SEAN
Address: 2410-1 ARAGON BLVD
City-St-Zip: SUNRISE, FL 33322

Title: TD ( ) Delete
Name: TRODICK, ALFRED J
Address: 2410 ARAGON BLVD.
City-St-Zip: SUNRISE, FL 33322

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:

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: GERILYN TRODICK VPD 02/14/2009

Electronic Signature of Signing Officer or Director Date