

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000000112

1. Entity Name
SACRED TRADITIONS INTERNATIONAL, INC.



Principal Place of Business
**2639 MOHAWK CIRCLE
WEST PALM BEACH, FL 33409**

Mailing Address
**2639 MOHAWK CIRCLE
WEST PALM BEACH, FL 33409**



04042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1267862 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**WIEBER, CYNTHIA
2639 MOHAWK CIRCLE
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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 | D HUNTER, PAMELA 3953 REGAL WAY ST. LOUIS, MO 83129 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALESSIO, ERICA 341 J. ST. #C CHULA VISTA, CA 91910 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRACEWALKER, OLIVIA 4619 WARWOOD LONG BEACH, FL 90908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WIEBER, CINDY 2639 MOHAWK CIRCLE WEST PALM BEACH, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/29/07-80006-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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.

SIGNATURE: Pamela A. Hunter Pamela A. Hunter 4/30/07 314.894.2304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #