2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000026812

1. Entity Name

TRADITIONAL ENTERPRISES, INC.



FILED
Jan 27, 2006 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

150 SMITHWOOD DRIVE NEWPORT, TN 37821

8350 PASADENA BLVD PEMBROKE PINES, FL 33024



DO NOT WRITE IN THIS SPACE

 01232006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

770-590-9609

Daytime Phone #

6. Name and Address of Current Registered Agent

NICHOLS, ROBERT A 8350 PASADENA BLVD PEMBROKE PINES, FL 33024

SIGNATURE:

Kaymond

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered A				required when remstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRIBBLE, ROGER W 150 SMITHWOOD DR NEWPORT, TN 37821	; ***		U00000405009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WELLBORN, RAYMOND E 3440 LAUREL GREEN COURT KENNESAW, GA 30144				02/07/06-80023-021 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY -ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 changed, or on an attachment with an address, with all other like empowered.					

E. Wellby Wellborn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR