2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P01000026812

1. Entity Name

TRADITIONAL ENTERPRISES, INC.



FILED Jan 11, 2007 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



01052007

No Cha-P

CR2E034 (11/05)

4. FEI Number 58-2607376

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE

3. 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE GRIBBLE, ROGER W NAME STREET ADDRESS 150 SMITHWOOD DR CITY-ST-ZIP NEWPORT, TN 37821 TITLE NAME WELLBORN, RAYMOND E STREET ADDRESS 3440 LAUREL GREEN COURT CITY-ST-ZIP KENNESAW, GA 30144 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP me MAKE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 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.

SIGNATURE:

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

SIGNATURE AD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 5, 2007