2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044974

Entity Name: OLD WORLD TRADITIONS, INC.

1804 REECH STREET

FERNANDINA BEACH, FL 32034

Address: City-St-Zip:

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 206 CENTRE STREET 1804 BEECH STREET FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 **Current Mailing Address: New Mailing Address:** 206 CENTRE STREET P.O.BOX 1803 FERNANDINA BEACH, FL 32035 FERNANDINA BEACH, FL 32034 FEI Number: 59-3715241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOBROSKY, TERRENCE 206 CENTRE STREET DOBROSKY, TERRENCE 1804 BEECH STREET FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 32034 US 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: TERRENCE DOBROSKY 04/29/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DOBROSKY, TERRENCE Name: Name: 1804 BEECH STREET Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: VD Title: () Delete () Change () Addition DOBROSKY, DAWN Name: Name: 1804 BEECH STREET Address: Address: FERNANDINA BEACH, FL 32034 City-St-Zip: City-St-Zip: () Delete Title: Title: SD () Change () Addition DOBROSKY, SARAH Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: TERRENCE DOBROSKY PD 04/29/2008