

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90080 030 \*\*\*150.00

<b>DOCUMENT # P92000001734</b>	
1. Entity Name <b>INTERNATIONAL TRADITIONS CORPORATION</b>	

Principal Place of Business <b>7750 TENNYSON COURT BOCA RATON, FL 33433</b>	Mailing Address <b>7750 TENNYSON COURT BOCA RATON, FL 33433</b>
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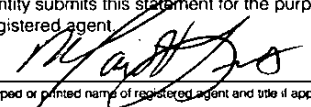
2. Principal Place of Business - No P.O. Box # <b>30 NORTH DRIVE</b>	3. Mailing Address <b>30 NORTH DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>GREAT NECK, NY</b>	City & State <b>GREAT NECK, NY</b>
Zip <b>11021</b>	Country <b>USA</b>



04202007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>HAHN, LYNN 7750 TENNYSON COURT BOCA RATON, FL 33433</b>	
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7. Name and Address of New Registered Agent	
Name <b>MARCLIST C/O GOLDSTEIN LEWIN &amp; CO</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1900 CORPORATE BLVD NW</b>	
<b>STE 300 E</b>	
City <b>BOCA RATON</b>	FL Zip Code <b>33431</b>

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 	DATE <b>4/27/07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAHN, LYNN 7750 TENNYSON COURT BOCA RATON, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEVEN HAHN 30 NORTH DRIVE GREAT NECK, NY 11021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.	
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/2007**

Date

Daytime Phone #