2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084959

City-St-Zip:

Entity Name: TRADITIONS OF ATLANTIC BEACH, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	H AVENUE BEACH, FL 32	2233					
Current Mailing Address:			N	lew Maili	ng Address:		
	H AVENUE BEACH, FL 32	2233					
FEI Number:	59-3598411	FEI Number Applied For ()	FEI Numb	er Not Appl	icable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
675 BEACI	DN, DEJEAN JF H AVENUE : BEACH, FL 32						
	named entity s of Florida.	ubmits this statement for the	purpose of c	hanging it	ts registered	office or registe	ered agent, or both,
SIGNATUF	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSTD () MELANCON, DE 675 BEACH AVE ATLANTIC BEAC	NUE	N A	tle: ame: ddress: ity-St-Zip:	() Change () Ado	dition
Title: Name: Address: City-St-Zip:	VP,D () SPINA, MARK 1740 PARK TER ATLANTIC BEAC		N A	tle: ame: ddress: ity-St-Zip:	() Change () Add	dition
Title: Name: Address:	()	Delete	N	tle: ame: ddress:	VPD (MELANCON, I 675 BEACH A		dition

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.

City-St-Zip: ATLANTIC BEACH, FL 32233

SIGNATURE: DEJEAN MELANCON PRES 04/17/2009