

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214511874				
1.) CORPORATION NAME: SWISS TRADITIONS, INC.		DUE DATE: 3/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGULA MUNZ PO BOX 252 LOVETTSVILLE, VA		SCC ID NO: 04438305				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED					
COMMON	100					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: P O BOX 252 CITY/ST/ZIP: LOVETTSVILLE, VA 20180						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: REGULA MUNZ TITLE: PRESIDENT ADDRESS: 40456 LOVETTSVILLE RD CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: LARRY SMITH TITLE: DIRECTOR ADDRESS: 40456 LOVETTSVILLE ROAD CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ REGULA MUNZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	REGULA MUNZ, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/4/2014 DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						