2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000899

Entity Name: THE TRIBES OF THE WORLD, INC.

FILED Jan 30, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
447 MAIN S DUNEDIN,					
Current Mailing Address:			New Maili	ng Address:	
PO BOX 27 GLASTON	75 BURY, CT (06033			
FEI Number: 55-0846209 FEI Number Applied For () FEI Nu			FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name an				Address of New Registered Agent:	
LINDEN, M 447 MAIN S DUNEDIN,	ST	US			
The above in the State		submits this statement for the pur	pose of changing i	ts registered office or registered agent, or both,	
SIGNATUR					
	Electro	onic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LINDEN, MEL 498 ADDISOI		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ELLIS, W BR 498 ADDISOI		Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition WARWICK, WAYNE 498 ADDISON ROAD GLASTONBURY, CT 06033	
Title: Name: Address: City-St-Zip:	JIMENEZ, AR 498 ADDISOI		Title: Name: Address: City-St-Zip:	SD (X) Change () Addition LINDEN, MELISSA 498 ADDISON ROAD GLASTONBURY, CT 06033	
Title: Name: Address: City-St-Zip:	LINDEN, BAR 498 ADDISOI		Title: Name: Address: City-St-Zip:	TD (X) Change () Addition WARWICK, WAYNE 498 ADDISON ROAD GLASTONBURY, CT 06033	
Title: Name: Address: City-St-Zip:	WARWICK, V 498 ADDISOI		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	LINDEN, RIC 498 ADDISOI		Title: Name: Address: Citv-St-Zip:	D (X) Change () Addition LINDEN, MELISSA A 498 ADDISON ROAD GLASTONBURY CT 06033	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA LINDEN PD 01/30/2008