

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 15, 2010
Secretary of State

DOCUMENT# N98000004600

Entity Name: THE TRIBAL TRUST FOUNDATION, INC.**Current Principal Place of Business:**1801 S.FLAGLER
APARTMENT 707
W. PALM BEACH, FL 33401**New Principal Place of Business:****Current Mailing Address:**POBOX 5687
SANTA BARBARA, CA 93150**New Mailing Address:****FEI Number:** 59-3528567**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ELISOFFON, JILL
1801 S. FLAGLER
APT. 707
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SAVAGE, BARBARA
Address: 1123 CAMINO VIEJO
City-St-Zip: SANTA BARBARA, CA 93108

Title: VP
Name: ELISOFFON, JILL
Address: 1801 SOUTH FLAGLER, APT. 707
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SEC
Name: DEWART, NIKI
Address: P.O. BOX 296
City-St-Zip: LYONS, CO 80540

Title: T
Name: MUZYKA, ZHENA
Address: 205 BRYANT STREET
City-St-Zip: OJAI, CA 93024

Title: B
Name: JUDGE, JANE
Address: 905 TORNOR RD.
City-St-Zip: SANTA BARBARA, CA 93105

I hereby 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 all other like empowered.

SIGNATURE: BARBARA SAVAGE

PRES

06/15/2010

Electronic Signature of Signing Officer or Director

Date