

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122283

Entity Name: TRIBE-K CORP

FILED  
Mar 21, 2008  
Secretary of State

## Current Principal Place of Business:

204 SPENCER DR  
FT WALTON BEACH, FL 32547

## New Principal Place of Business:

3633 COLLEGE ST.  
APT 2  
JACKSONVILLE, FL 32205

## Current Mailing Address:

204 SPENCER DR  
FT WALTON BEACH, FL 32547

## New Mailing Address:

3633 COLLEGE ST.  
APT 2  
JACKSONVILLE, FL 32205

FEI Number: 26-1384882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERS, ANTHONY  
204 SPENCER DR  
FT WALTON BEACH, FL 32547 US

## Name and Address of New Registered Agent:

PETERS, ANTHONY  
3633 COLLEGE ST.  
2  
JACKSONVILLE, FL 32205 US

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: ANTHONY PETERS

03/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PETERS, ANTHONY  
Address: 204 SPENCER DR.  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: VP ( ) Delete  
Name: HURST, SEAN  
Address: 2615 CANTERBURY CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PETERS, ANTHONY  
Address: 3633 COLLEGE ST.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP (X) Change ( ) Addition  
Name: HURST, SEAN  
Address: 67 RIVER RIDGE DR.  
City-St-Zip: ROCKLEDGE, FL 32955

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.

SIGNATURE: ANTHONY PETERS

P

03/21/2008

Electronic Signature of Signing Officer or Director

Date