2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091834

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Nam	ne: TRIBAL ST	YLE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
17625 HAN LUTZ, FL 3					
Current Mailing Address:			New Mailing Address:		
17625 HAN LUTZ, FL 3					
FEI Number:	59-3522529	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:		
JEFFRIES, DAVID M 101 E. KENNEDY BLVD SUITE 3000 TAMPA, FL 33602 US		JEFFRIES, DAVID M 1227 N FRANKLIN ST TAMPA, FL 33602 US			
The above in the State		bmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:					
SIGNATUR				04/30/2008	
SIGNATUR		Signature of Registered Agen	t	04/30/2008 Date	
	Electronic	Signature of Registered Agen	t		
Election Cam	Electronic	Trust Fund Contribution().			
Election Cam	Electronic	Trust Fund Contribution (). ORS: Delete		Date	
Election Cam OFFICERS Title: Name: Address:	Electronic paign Financing AND DIRECT MD () E TENN, MUGABE 17625 HANNA RE LUTZ, FL 33549	Trust Fund Contribution (). ORS: Delete Delete	ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:	
Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Paign Financing AND DIRECT MD () E TENN, MUGABE 17625 HANNA RE LUTZ, FL 33549 PMD () E TENN, TOKUNBO 17625 HANNA RE LUTZ, FL 33549	ORS: Delete	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS: () Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: THANDIWE L TENN D 04/30/2008

() Delete

TENN, MUTHONI

17625 HANNA RD

LUTZ, FL 33549

(X) Change () Addition

TENN, MUTHONI

17625 HANNA RD

LUTZ, FL 33549