

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091834

Entity Name: TRIBAL STYLE, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

17625 HANNA ROAD
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

17625 HANNA ROAD
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3522529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFRIES, DAVID M
1227 N FRANKLIN ST
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: TENN, MUGABE
Address: 17625 HANNA RD
City-St-Zip: LUTZ, FL 33549

Title: PMD () Delete
Name: TENN, TOKUNBO
Address: 17625 HANNA RD
City-St-Zip: LUTZ, FL 33549

Title: DS () Delete
Name: TENN, THANDIWE
Address: 17625 HANNA RD
City-St-Zip: LUTZ, FL 33549

Title: M () Delete
Name: TENN, MARCIA
Address: 17625 HANNA RD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: TENN, MUTHONI
Address: 17625 HANNA RD
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MDT (X) Change () Addition
Name: TENN, MUGABE
Address: 17625 HANNA RD
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THANDIWE L TENN

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date