
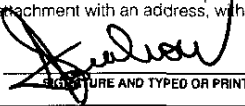


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90019 046 \*\*\*150.00

<b>DOCUMENT # P01000051959</b> 1. Entity Name <b>TANGENT ACQUISITION GROUP, INC.</b>																																															
Principal Place of Business <b>3601 W COMMERCIAL BLVD #39 FORT LAUDERDALE, FL 33309</b>			Mailing Address <b>3601 W COMMERCIAL BLVD #39 FORT LAUDERDALE, FL 33309</b>																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>5434 W. Sample Road #239</b>																																												
City & State			City & State <b>Margate, FL</b>																																												
Zip <b>33073</b>		Country <b>US</b>		4. FEI Number <b>65-1126434</b>																																											
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																											
6. Name and Address of Current Registered Agent <b>SHIENVOLD, MICHAEL PAUL 3601 W COMMERCIAL BLVD #39 FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																											
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 65%; padding: 2px;"> <b>DP SHIENVOLD, MICHAEL PAUL 3601 W COMMERCIAL BLVD #39 FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete         </td> <td style="width: 15%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 65%; padding: 2px;"> <b>D/P/S/ Sheinvold, Micheal 3601 W. Commercial Blvd. Suite # 39 Fort Lauderdale, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="width: 15%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <b>DST DOMBROW, ALLAN B 3601 W COMMERCIAL BLVD #39 FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <b>D/T Dombrow, Allan B. 3601 W. Commercial Blvd. Suite # 39 Fort Lauderdale, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="padding: 2px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP SHIENVOLD, MICHAEL PAUL 3601 W COMMERCIAL BLVD #39 FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/P/S/ Sheinvold, Micheal 3601 W. Commercial Blvd. Suite # 39 Fort Lauderdale, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST DOMBROW, ALLAN B 3601 W COMMERCIAL BLVD #39 FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/T Dombrow, Allan B. 3601 W. Commercial Blvd. Suite # 39 Fort Lauderdale, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																															
<b>SIGNATURE:</b>  <b>Allan B. Dombrow - Treasurer</b> <b>2/12/04</b> <b>954-777-0252</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															

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