
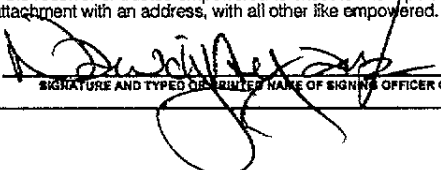


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 23, 2006 08:00 AM  
Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P03000077726</b><br>1. Entity Name<br><b>TANGOBELLA, INC.</b>  |  |    |
| Principal Place of Business<br><b>3800 S TAMiami TRAIL<br/>SARASOTA, FL 34239</b>  | Mailing Address<br><b>681 TROPICAL CIR<br/>SARASOTA, FL 34242</b>      |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>ERCLIDES, HERMES ESQ.<br/>2030 BEE RIDGE RD<br/>SARASOTA, FL 34239</b>   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>CAPUTO, SALVATORE JR<br>681 TROPICAL CIRCLE<br>SARASOTA, FL 34242 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>YARTER, Nanci<br>681 TROPICAL CIR<br>SARASOTA, FL 34242           |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |



01142006 No Chg-P CR2E034 (11/05)

|  |  |
|--|--|
| 4. FEI Number<br><b>83-0363894</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional<br>Fee Required |  |

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01/25/06-80044-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

1/18/06 (941) 366-0160  
Date Daytime Phone #