


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Feb 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000171795**  
1. Entity Name  
**TANGIBLE SOLUTIONS, INC.**



Principal Place of Business      Mailing Address  
**8460 SEMINOLE BLVD**      **8460 SEMINOLE BLVD**  
**SEMINOLE, FL 33772**      **SEMINOLE, FL 33772**

**DO NOT WRITE IN THIS SPACE**



02072007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>56-2492342</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BOZARTH, HARRY**  
**9996 56TH PLACE NORTH**  
**ST. PETERSBURG, FL 33708**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	PERKO, PAM
STREET ADDRESS	11511-113TH STREET N
CITY-ST-ZIP	LARGO, FL 33778
TITLE	S
NAME	NELSON, ESTHER
STREET ADDRESS	5174 FOXBRIDGE CIRCLE, #28
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/07-80063-023 150.00

**DO NOT WRITE IN THIS SPACE**

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:**  **HARRY A. BOZARTH - President**    **2-8-07**    **427-5609718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #