

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022599

FILED  
Jan 29, 2007  
Secretary of State

Entity Name: ENTOURAGE CONSULTING, INC.

**Current Principal Place of Business:**

2005 NW 35TH ST.  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

2005 NW 35TH ST.  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 83-0350641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORRAS, EDUARDO  
2005 NW 35TH ST.  
GAINESVILLE, FL 32605 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: PD ( ) Delete  
Name: PORRAS, EDUARDO  
Address: 2005 NW 35TH STREET  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VD ( ) Delete  
Name: PORRAS, ALEJANDRO  
Address: 1217 GRACEWOOD AVE SE  
City-St-Zip: ATLANTA, GA 30316 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: EDUARDO PORRAS

PD

01/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date