


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90255 026 ***150.00

DOCUMENT # P05000144369 1. Entity Name ORGANA CONSULTING GROUP, INC.					
Principal Place of Business 1900 S HARBOR CITY BLVD SUITE 315 MELBOURNE, FL 32901			Mailing Address 1900 S HARBOR CITY BLVD SUITE 315 MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box # 2910 Bush Dr.		3. Mailing Address 2910 Bush Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Melbourne, FL		City & State Melbourne, FL		4. FEI Number 20-3675768	
Zip 32935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWKINS, MICHAEL W 1900 S HARBOR CITY BLVD SUITE 315 MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Avante Holding Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 2910 Bush Dr. City Melbourne FL Zip Code 32935			
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 <u><i>Michael W. Hawkins</i></u> DATE 4-20-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, MICHAEL W 1900 S HARBOR CITY BLVD. STE. 315 MELBOURNE, FL 32901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIETERLE, JASON 1900 S HARBOR CITY BLVD. STE. 315 MELBOURNE, FL 32901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 all addresses with all other like empowered.					
SIGNATURE: <u><i>Michael W. Hawkins</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-20-07 Daytime Phone # 321-421-6349		