

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000165676

Entity Name: 3E CONSULTANTS, INC.

**FILED**  
**May 21, 2008**  
**Secretary of State****Current Principal Place of Business:**6824 HANGING MOSS ROAD  
ORLANDO, FL 32807**New Principal Place of Business:****Current Mailing Address:**3936 SOUTH SEMORAN BLVD  
#476  
ORLANDO, FL 32822**New Mailing Address:**

FEI Number: 20-4139791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**PEARSON, MAURICE L  
3936 S. SEMORAN BLVD  
#476  
ORLANDO, FL 32807 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

**OFFICERS AND DIRECTORS:**Title: V ( ) Delete  
Name: PARENT, CHRIS  
Address: 3936 S. SEMORAN BLVD., #476  
City-St-Zip: ORLANDO, FL 32822Title: S ( ) Delete  
Name: THEORET, DENNIS  
Address: 3936 S. SEMORAN BLVD., #476  
City-St-Zip: ORLANDO, FL 32822Title: O ( ) Delete  
Name: VARGAS, ROD  
Address: 3936 S. SEMORAN BLVD., #476  
City-St-Zip: ORLANDO, FL 32822Title: DPT ( ) Delete  
Name: PEARSON, MAURICE L  
Address: 3936 S. SEMORAN BLVD., #476  
City-St-Zip: ORLANDO, FL 32822Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: V ( ) Change (X) Addition  
Name: SEAVY, PAUL JR.  
Address: 2608 S. 86TH STREET, SUITE B  
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify 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: MAURICE L. PEARSON

DPT

05/21/2008

Electronic Signature of Signing Officer or Director

Date