

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165676

Entity Name: 3E CONSULTANTS, INC.

FILED
Mar 10, 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARENT, CHRIS
Address: 3936 S. SEMORAN BLVD., #476
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: THEORET, DENNIS
Address: 3936 S. SEMORAN BLVD., #476
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: VARGAS, ROD
Address: 3936 S. SEMORAN BLVD., #476
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: PEARSON, MAURICE L
Address: 3936 S. SEMORAN BLVD., #476
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: PARENT, CHRIS
Address: 3936 S. SEMORAN BLVD., #476
City-St-Zip: ORLANDO, FL 32822

Title: S (X) Change () Addition
Name: THEORET, DENNIS
Address: 3936 S. SEMORAN BLVD., #476
City-St-Zip: ORLANDO, FL 32822

Title: O (X) Change () Addition
Name: VARGAS, ROD
Address: 3936 S. SEMORAN BLVD., #476
City-St-Zip: ORLANDO, FL 32822

Title: DPT (X) Change () Addition
Name: PEARSON, MAURICE L
Address: 3936 S. SEMORAN BLVD., #476
City-St-Zip: ORLANDO, FL 32822

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

03/10/2008

Electronic Signature of Signing Officer or Director

Date