2005 FOR PROFIT CORPORATION ANNUAL REPORT

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NAME

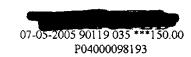
TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

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Change

☐ Change

☐ Addition

■ Addition

DOCUMENT # P04000098193 FILTI) 1. Entity Name , MONTGOMERY 401 (K) ADVISORS, INC. 05 JUL 20 PH 3: 24 Principal Place of Business Mailing Address SEC. 50054766 **604 WATERWOOD COURT 604 WATERWOOD COURT** LUTZ. FL 33548 **LUTZ, FL 33548** 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Sulte, Apt. #, etc. 06302005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 20-1282987 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTGOMERY, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 604 WATERWOOD COURT LUTZ, FL 33548 City Zip Code 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. (NOTE: Registered Agent pignature required when reinstalling) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IM F PCEO Delete TIELE ☐ Change ☐ Addition MONTGOMERY, WILLIAM M NAME NAME **604 WATERWOOD COURT** STREET ADDRESS STREET ADDRESS LUTZ, FL 33548 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NALLE MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; that I am an efficier or director of the corporation of 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 13 if changed, or on an attachment with an address, with all other like empowered.

TITLE

name Street adoress

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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Delete

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