2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED TO ME OF SIGNING OFFICER OR DIRECTOR

Jul 15, 2005 08:00 AM **DOCUMENT # 646788 Secretary of State** MONEY CONSULTANTS, INC. Principal Place of Business Mailing Address 5905 BENEVA RD. 5905 BENEVA RD. SARASOTA, FL 34238 SARASOTA, FL 34238 06292005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1967198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHRISTNER, MICHAEL DO NOT WRITE 5905 BENEVA RD. SARASOTA, FL 34238 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE NAME CHRISTNER, MICHAEL L 5905 BENEVA RD. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34238 U00000372923 07/15/05-80002-016 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an address, with all other like empowered.

FILED