2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
50008001

DOCUMENT # F04000002425

1. Entity Name
STERLING BANK SERVICES, INC.

01042005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
800 KENSINGTON, SUITE 212 MISSOULA, MT 59801	800 KENSINGTON, SUITE 212 MISSOULA, MT 59801

2. Principal Place of Business	3. Mailing Address
3075 St Thomas Dr.	PO Box 1120
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Missoula, MT	City & State: Missoula, MT
Zip: 59803 Country	Zip: 59806 Country

4. FEI Number: 81-0511176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 ADAMS, RICK P.O. BOX 1120 MISSOULA, MT 59806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Daniel Kessler 8201 Fawn Brook Ct Las Vegas, NV 89149	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DITCH, W.C. 3075 ST. THOMAS DR. MISSOULA, MT 59801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/CEO Robert Erwin 6570 Justin Ct Missoula, MT 59803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALLYN, AUDRIE 3075 ST. THOMAS DR. MISSOULA, MT 59801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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.

SIGNATURE: Audrie K. Allyn Treasurer 1/24/05 406 251-5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #