2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P97000076417 04-18-2005 90265 014 ***150.00 MONEY ADVISORS GROUP, INC. Principal Place of Business Mailing Address 4211 W. BAY SCOUT BLVD. 4211 W. BAY SCOUT BLVD. 1868 34 TAMPA, FL 33607 US TAMPA, FL 33607 US 2. Principal Place of Business 4211-W. Boy Scout Blud 3. Mailing Address 4211-W. Boy Stout Blud Suite, Apt. #, etc. CR2E034 (10/03) 04122005 Chg-P # 660 660 City & State Applied For City & State 4. FEI Number Tampa 59-3467443 Tampa Not Applicable Country U. 5 \$8.75 Additional 5. Certificate of Status Desired Fee Required B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Harris HARRIS, SCOTT Street Address (P.O. Box Number is Not Acceptable) 4211 W. BAY SCOUT BLVD., SUITE #660 TAMPA, FL 33607 4211- W. Boy Scout Blvd. Suite 660 City Tampa 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE 4211- W. Boy Scout Blod, Suite # 660 Tampa, FL 33607 NAME **BROTZ, STEPHEN** NAME STREET ADDRESS STREET ADDRESS 4211 W. BAY SCOUT BLVD., SUITE #660 CITY-ST-ZIP **TAMPA, FL 33607** CITY-ST-ZIP TITI F ☐ Defete 4211-W. Boy Scout Blod, Suite # 660 Tampa FL 33607 NAME HARRIS, SCOTT NAME STREET ADDRESS 4211 W. BAY SCOUT BLVD., SUITE #660 STREET ADDRESS CITY-ST-ZIP TAMPA, FL(33609 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS 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 12. I hereby certify that the information supplied with this iting 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 frue 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 tike empowered. 813-288-0055 SIGNATURE:

FILED