



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90004 018 ***150.00

DOCUMENT # 823957 1. Entity Name PACIFIC SELECT DISTRIBUTORS, INC.					
Principal Place of Business 700 NEWPORT CENTER DR. P. O. BOX 9000 NEWPORT BEACH, CA 92658			Mailing Address 700 NEWPORT CENTER DR. P. O. BOX 9000 NEWPORT BEACH, CA 92658		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 95-2594489			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILFS, AUDREY L	NAME			
STREET ADDRESS	700 NEWPORT CENTER DR	STREET ADDRESS			
CITY - ST - ZIP	NEWPORT BCH, CA	CITY - ST - ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIXON, JOHN L	NAME			
STREET ADDRESS	700 NEWPORT CENTER DRIVE	STREET ADDRESS			
CITY - ST - ZIP	NEWPORT BEACH, CA 92660	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIGGS, ADRIAN S	NAME			
STREET ADDRESS	700 NEWPORT CENTER DRIVE	STREET ADDRESS			
CITY - ST - ZIP	NEWPORT BEACH, CA 92660	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIXON, JOHN L	NAME			
STREET ADDRESS	700 NEWPORT CENTER DRIVE	STREET ADDRESS			
CITY - ST - ZIP	NEWPORT BEACH, CA 92660	CITY - ST - ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIRTHLIN, R. LEE	NAME			
STREET ADDRESS	700 NEWPORT CENTER DRIVE	STREET ADDRESS			
CITY - ST - ZIP	NEWPORT BEACH, CA 92660	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GERALD W. ROBINSON	NAME			
STREET ADDRESS	700 NEWPORT CENTER	STREET ADDRESS			
CITY - ST - ZIP	NEWPORT BEACH, CA	CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		ADRIAN GRIGGS		3-1-06	949-219-7470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	