


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000002479					
1. Entity Name PACIFIC INCOME ADVISERS, INC.					
Principal Place of Business 1299 OCEAN AVENUE, SUITE 210 SANTA MONICA, CA 90401			Mailing Address 1299 OCEAN AVENUE, SUITE 210 SANTA MONICA, CA 90401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 95-4067974	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELIAS, BRIAN D 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131 1395 BRICKELL AVE. 14th FLOOR MIAMI, FL 33131				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: <u>B.P. EL</u>				DATE: <u>11/22/06</u>	
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVST LLOYD MCADAMS, JOSEPH JR 1200 TURQUESE LANE PACIFIC PALISADES, CA 90272	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800082618798 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/18/06--01052--022 **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BAINES, HEATHER U 1200 TURQUESE LANE PACIFIC PALISADES, CA 90272	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>\$312/19</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Joseph Lloyd McAdams</u>			DATE: <u>12/8/06</u> (310) 393-1424		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED
06 DEC 18 AM 8:16
TALLAHASSEE, FLORIDA



11222006 REIN: P CR2E098 (11/05) 06

4. FEI Number 95-4067974 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ELIAS, BRIAN D
 100 S.E. 2ND STREET, 17TH FLOOR
 MIAMI, FL 33131
 1395 BRICKELL AVE.
 14th FLOOR
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
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