


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90083 022 ***150.00

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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
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40040100



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4067974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELIAS, BRIAN D
1395 BRICKELL AVE
14TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
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: *B. D. Elias* DATE: 3/14/07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVST LLOYD MCADAMS, JOSEPH JR 1200 TURQUESE LANE ... PACIFIC PALISADES, CA 90272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BAINES, HEATHER U 1200 TURQUESE LANE PACIFIC PALISADES, CA 90272
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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 for 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: *Joseph Lloyd McAdams* DATE: 3/27/07 DAYTIME PHONE: 310-373-1424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #