


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000002479**

1. Entity Name  
**PACIFIC INCOME ADVISERS, INC.**



Principal Place of Business      Mailing Address

1299 OCEAN AVENUE, SUITE 210      1299 OCEAN AVENUE, SUITE 210  
 SANTA MONICA, CA 90401      SANTA MONICA, CA 90401

**DO NOT WRITE IN THIS SPACE**



01162008      No Chg-P      CR2E034 (11/05)

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

**6. Name and Address of Current Registered Agent**

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

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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, 2008 Fee will be \$550.00**

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

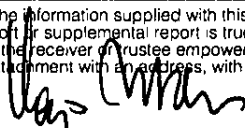
**10. OFFICERS AND DIRECTORS**

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 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:**  **Lloyd McAdams**      1/16/08      (310) 393-1424

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