2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90006 025 ***150.00

DOCUMENT # F01000003776

1. Entity Name
TRUST FUND ADVISORS, INC.

40094339

04032007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1625 EYE STREET, NW WASHINGTON, DC 20006	1625 EYE STREET, NW WASHINGTON, DC 20006

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1625 EYE STREET, NW	1625 EYE STREET, NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WASHINGTON, DC	City & State: WASHINGTON, DC
Zip: 20006 Country: USA	Zip: 20006 Country: USA

4. FEI Number: 52-6435649 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO O'SULLIVAN, TERENCE M 1625 EYE STREET, NW WASHINGTON, DC 20006	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HEINBERT A. KOLBEN 1625 EYE STREET, NW WASHINGTON, DC 20006	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREBOW, EDWARD 1625 EYE STREET, NW WASHINGTON, DC 20006	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D JOSEPH R. LINEHAN 1625 EYE STREET, NW WASHINGTON, DC 20006	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VALENTINE, TERESA E 1625 EYE STREET, NW WASHINGTON, DC 20006	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T ADAM H. FRIED 1625 EYE STREET, NW WASHINGTON, DC 20006	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HUMPHREY, CATHY A 1625 EYE STREET, NW WASHINGTON, DC 20006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCO/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAT KENNEDY, JAMES J 1625 EYE STREET, NW WASHINGTON, DC 2006	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT SINGLETON, MARK E 1625 EYE STREET, NW WASHINGTON, DC 20006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☑ Change ☐ Addition

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

ATTACHMENT
40094339
#F01000003776

TRUST FUND ADVISORS, INC.

OFFICERS

NAME	TITLE
Adam M. Fried	Secretary & Treasurer
Cathy A. Humphrey	Chief Compliance Officer
Herbert A. Kolben	VP, Portfolio Manager
Joseph R. Linehan	VP, Portfolio Management
Mark E. Singleton	President

DIRECTORS

NAME
Cathy A. Humphrey
Joseph R. Linehan
Mark E. Singleton