2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000077497

1. Entity Name

TRANSAMERICA FUND ADVISORS, INC.



FILED May 02, 2005 8:00 am Secretary of State

299-1824

Daytima Phone #

05-02-2005 90527 001 ***150.00

					-						
Principal Plac	e of Business	6	Mailing Address								
570 CARILLON PKWY ST PETERSBURG, FL 33716-1202 US			PO BOX 5068 Clearwater, FL 33758-5068 US			50045900					
							1 18 BIT 611 111		-		
2. Principal P	Place of Busin	ess	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04152005	Chg-P	CR2E0	34 (10/03)		
City & State	ο		City & State	City & State			4. FEI Numbe				pplied For
Only & State			City & State	Oily & State			59-340			-	ot Applicable
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and	Address of New F			
										<u></u>	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)						
		-			City				FL	Zip Cod	de
8. The above	named entit	v submits this statement for	the purpose of changing its	s register	L ed office or	reaister	ed agent, or bot	h. in the State of Fl		L amiliar with	and accept
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											
SIGNATURE_	Signature, typed	or printed name of registered agent a	no title it applicable. (NO	TE: Registere	d Agent signatu	re required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	D. OFFICERS AND DIRECTORS 11.						ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11
TITLE	С		🗷 Delete	TITL	E	クノマ	+ .1.	0 6+10		☐ Change	Addition
NAME		, LARRY N		NAM	`	じわれ	scopner Corilton	A Staple Prim	5		
STREET ADDRESS CITY-ST-ZIP	4333 EDGEWOOD ROAD N.E. CEDAR RAPDIS, IA 52499							9, FL 337/	6		
	SV	APDIS, IA 32499			 i			5,,,,,,			
TITLE NAME	KEELAN, KYLE A		☐ Defete 111		t I	アクロ	/Counsel Gregory Reymonn,II			☐ Change	Addition
STREET ADDRESS	1	ILLON PKWY.			ET ADDRESS	520	Carillon PKWY				
CITY-ST-ZIP	SAINT PE	TERSBURG, FL 33716		CITY	-\$T-ZIP	ST.	Petersb	urg Fl. 33	2//2		
TITLE	DPCE		☐ Delete	TITL	F 1	77 Y			<u> </u>	☐ Change	Addition
NAME	SCOTT, B	RIAN C		NAM	IE	Tim	othy M.	Richey			
STREET ADDRESS		SEWOOD ROAD N.E.			EET ADDRESS	570 77	Octooch	PRWY			*
CITY-ST-ZIP		APDIS, IA 52499			-ST-ZIP	01.1	-licerson	irg, FL 33!	116		
TITLE NAME	SVT	n	☐ Delete	TITL: NAM	E	Dot.	hance a	rricer Padata		☐ Change	Addition
STREET ADDRESS		•			ET ADDRESS	520	Carilla	Pedata n PKwy			
CITY-ST-ZIP		SAINT PETERSBURG, FL 33716			-ST-ZIP	St.1	etersbu	ira. El . aan	1//0		
TITLE	DSC		Delete	TITL	E	Com	plance	officer	1Ψ	Change	Addition
NAME	ROLLE, G	ARY U		NAM	IE	Ten	esa 3.1	Peplows Ki	;		_
STREET ADDRESS	I #				EET ADDRESS	500	Carillo	PRWY			
CITY-ST-ZIP	LOS ANG	ELES, CA 90015		CITY	-ST-ZIP	St 1	<u>Petersbo</u>	ung, Fh 3.	37/6		
TITLE	VSGC	1011111	☐ Delete	TITL	1	DISI	1/60/5)		M Change	■ Addition
NAME CYDEET ADDRESS	CARTER, JOHN K RESS 570 CARILLON PARKWAY			NAME							
STREET ADDRESS CITY-ST-ZIP	1	LLON PARKWAY TERSBURG, FL 33716	3		EET ADDRESS '-ST-ZIP						
	1	 	····		1	adia 0-	otion 110 07/01/	i) Clasida Ctatura	1.6	tife a short store	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _