


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90007 032 ***150.00

DOCUMENT # P96000077497

1. Entity Name
TRANSAMERICA FUND ADVISORS, INC.



Principal Place of Business Mailing Address
570 CARILLON PKWY **PO BOX 5068**
ST PETERSBURG, FL 33716-1202 US **CLEARWATER, FL 33758-5068 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04192007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3403585 Not Applicable

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



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 transferring)

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	DV	<input type="checkbox"/> Delete
NAME	STAPLES, CHRISTOPHER A	
STREET ADDRESS	570 CARILLON PKWY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	SV	<input type="checkbox"/> Delete
NAME	KEELAN, KYLE A	
STREET ADDRESS	570 CARILLON PKWY.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	DPC	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, BRIAN C	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	
TITLE	VT	<input type="checkbox"/> Delete
NAME	STERLACCI, CARL A	
STREET ADDRESS	570 CARILLON PKWY.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	V	<input type="checkbox"/> Delete
NAME	REYMANN, GREGORY T II	
STREET ADDRESS	570 CARILLON PKWY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	DSVS	<input type="checkbox"/> Delete
NAME	CARTER, JOHN K	
STREET ADDRESS	570 CARILLON PARKWAY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/SV/GC/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS P. GALLAGHER	
STREET ADDRESS	570 CARILLON PKWY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	SV/CFO/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERLACCI, CAROL A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SV/CCO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Dennis P. Gallagher **Dennis P. Gallagher** 4-23-07 727-299-1821

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