

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002035

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: CAPITAL ASSET ADVISORS, INC.

## Current Principal Place of Business:

2327 ENGLERT DRIVE  
SUITE 102  
DURHAM, NC 27713

## New Principal Place of Business:

430 DAVIS DRIVE  
SUITE 270  
MORRISVILLE, NC 27560

## Current Mailing Address:

PO BOX 13667  
RESEARCH TRIANGLE PARK, NC 27713

## New Mailing Address:

FEI Number: 20-0537838      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACKINNON, ALEXANDER C  
255 SOUTH ORANGE AVE. STE 800  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete  
Name: BASS, GUSTAVUS  
Address: P.O. BOX 13667  
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: DVS ( ) Delete  
Name: BASS, ALEICIA  
Address: P.O. BOX 13667  
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: D ( ) Delete  
Name: BASS, THELMA N  
Address: P.O. BOX 13667  
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVUS BASS

CPT

04/13/2006

Electronic Signature of Signing Officer or Director

Date