

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90449 045 \*\*\*150.00

**DOCUMENT # P96000077497**

1. Entity Name  
**TRANSAMERICA FUND ADVISORS, INC.**



Principal Place of Business  
**570 CARILLON PKWY  
ST PETERSBURG, FL 33716-1202 US**

Mailing Address  
**PO BOX 5068  
CLEARWATER, FL 33758-5068 US**

**60031530**



04072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3403585</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	DV	<input type="checkbox"/> Delete		TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAPLES, CHRISTOPHER A			NAME			
STREET ADDRESS	570 CORILTON PKWY			STREET ADDRESS	570 Carillon Pkwy		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716			CITY-ST-ZIP			
TITLE	SV	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEELAN, KYLE A			NAME	Brightman, Glenn E.		
STREET ADDRESS	570 CARILLON PKWY.			STREET ADDRESS	570 Carillon Pkwy		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716			CITY-ST-ZIP	Saint Petersburg, FL 33716		
TITLE	DPCE	<input type="checkbox"/> Delete		TITLE	D/P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, BRIAN C			NAME			
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.			STREET ADDRESS			
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499			CITY-ST-ZIP			
TITLE	SVT	<input checked="" type="checkbox"/> Delete		TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAY, KIM D			NAME	Sterlacci, Carol A.		
STREET ADDRESS	570 CARILLON PKWY.			STREET ADDRESS	570 Carillon Pkwy		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716			CITY-ST-ZIP	Saint Petersburg, FL 33716		
TITLE	VC	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYMANN, GREGORY T II			NAME			
STREET ADDRESS	570 CORILLON PKWY			STREET ADDRESS	570 Carillon Pkwy		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716			CITY-ST-ZIP			
TITLE	DVCG	<input type="checkbox"/> Delete		TITLE	D/SV/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, JOHN K			NAME			
STREET ADDRESS	570 CARILLON PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716			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:**

*T. August Roman II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

727/299-1825

Date

Daytime Phone #