

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008164

FILED
Jan 16, 2009
Secretary of State

Entity Name: INCOME SECURITIES ADVISOR INC

Current Principal Place of Business:

6175 NW 153RD ST., SUITE 201
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6175 NW 153RD ST., SUITE 201
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0900393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEHMANN, C. RICHARD
6175 NW 153RD ST., SUITE 201
MIAMI LAKES, FL 33014 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: DP () Delete
Name: LEHMANN, C. RICHARD
Address: 6175 NW 153RD ST., SUITE 201
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: LEHMANN, SARAH A
Address: 6175 NW 153RD ST. SUITE 201
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LEHMANN, RICH T
Address: 6175 NW 153RD ST. SUITE 201
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Change (X) Addition
Name: LEHMANN, KATHERINE A
Address: 6175 NW 153 ST SUITE 201
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Change (X) Addition
Name: LEHMANN, ANDREW C
Address: 6175 NW 153 ST SUITE 201
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD LEHMANN

D

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date