

1.) CORPORATION NAME:

DUE DATE: **6/30/2012**

Investment Advisors International, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1670449**

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 570 Carillon Parkway

CITY/ST/ZIP: St. Petersburg, FL 33716

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEVIN L PALMER	
TITLE:	DIRECTOR	
ADDRESS:	11315 JOHNS CREEK PARKWAY	
CITY/ST/ZIP/CO:	DULUTH, GA 30097	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAN S. TRIVERS	
TITLE:	VICE PRESIDENT	
ADDRESS:	11315 JOHNS CREEK PARKWAY	
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DERRICK VERMILLION	
TITLE:	VICE PRESIDENT	
ADDRESS:	11315 JOHNS CREEK PARKWAY	
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SAUNDRA ARCHULETA	
TITLE:	ASST S	
ADDRESS:	11315 JOHNS CREEK PARKWAY	
CITY/ST/ZIP/CO:	DULUTH, GA 30097	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DINA S VENERO	
TITLE:	SECRETARY	
ADDRESS:	11315 JOHNS CREEK PARKWAY	
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LEESA M. EASLEY	
TITLE:	ASST SECRETARY	
ADDRESS:	11315 JOHNS CREEK PARKWAY	
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097	

NAME: NANCY A MOATE TITLE: CFO/TREAS ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: DULUTH, GA 30097	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SCOTT W. HAM TITLE: DIRECTOR ADDRESS: 4333 EDGEWOOD ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JACK D. LINDER TITLE: DIRECTOR ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: George Chuang TITLE: PRESIDENT ADDRESS: 570 Carillon Parkway CITY/ST/ZIP/CO: St. Petersburg, FL 33716	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ SAUNDRA ARCHULETA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SAUNDRA ARCHULETA, ASST S PRINTED NAME AND CORPORATE TITLE	8/8/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		