2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003134

Entity Name: ADVOCATE CAPITAL, INC.

50 RIDGEWOOD RD

CHAGRIN FALLS, OH 44022

Address:

City-St-Zip:

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
111 WEST	TWOOD PLACE	<u> </u>	ONE VANTAGE WAY		
SUITE 300) OOD, TN 3702	7 US	SUITE C-165 NASHVILLE, TN 3722	8 US	
			,		
Current IV	lailing Addres	5:	New Mailing Address	:	
	TWOOD PLACE	<u> </u>	ONE VANTAGE WAY		
SUITE 300 BRENTW) OOD, TN 3702	7 US	SUITE C-165 NASHVILLE, TN 3722	8 US	
FEI Number	: 62-1782887	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
LEXIS DOCUMENT SERVICES INC.					
1201 HAYS STREET TALLAHASSEE, FL 32301 US					
IALLAIIA	33LL, I L 3230	1 00			
SIGNATUI	Electroni	ic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title:	PRES ()	Delete	Title:	() Change () Addition	
Name:	MYERS, PAUL E		Name:		
Address: City-St-Zip:	6017 CARGILE NASHVILLE, TN		Address: City-St-Zip:		
Title:	SEC ()	Delete	Title:	() Change () Addition	
Name:	TAUSSIG, DÀN		Name:		
Address:	50 RIDGEWOO		Address:		
City-St-Zip:	CHAGRIN FALL	S, OH 44022 US	City-St-Zip:		
Title:		Delete	Title:	() Change () Addition	
Name: SWANSON, MICHAEL J			Name:		
Address: 240 BEAUMONT TRAIL City-St-Zip: AURORA, OH 44202 US		Address:			
City-St-Zip:	AURURA, OH 4	4202 03	City-St-Zip:		
Title:		Delete		() Change () Addition	
Name:	TAUSSIG, AMY	J	Name:		

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.

Address:

City-St-Zip:

SIGNATURE: PAUL B. MYERS PRES 01/05/2009