

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # F03000000342

1. Entity Name
ADVOCATE MORTGAGE GROUP, INC.



Principal Place of Business
**720 S. MONTFORD AVE.
BALTIMORE, MD 21224**

Mailing Address
**720 S. MONTFORD AVE.
BALTIMORE, MD 21224**

DO NOT WRITE IN THIS SPACE



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
52-1992632

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
KRUEGER, PAUL M
1286 PATAPSCO ROAD
PASADENA, MD 21122**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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03/21/07-80041-020 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-07

Date

Daytime Phone #

**443 562
6784**