


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90222 006 ***150.00

DOCUMENT # P94000076275

1. Entity Name
ADVOCATE CONSULTING, INC.



Principal Place of Business	Mailing Address
737 HUNT CLUB TRAIL PORT ORANGE, FL 32127	P.O. BOX 290092 PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
EVANS, CLIFFORD 737 HUNT CLUB TRAIL PORT ORANGE, FL 32127

**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, 2006 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	PD EVANS, CLIFFORD 737 HUNT CLUB TRAIL PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, JOHN 737 HUNT CLUB TRAIL PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, DEBRA 737 HUNT CLUB TRAIL PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date: _____

Barbara Ehrenreich