FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

SEC	USE O	NLY
Prefix		Serial
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Advantage Capital Equity Solutions, Inc.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	In the state of th
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	o : ini
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Advantage Capital Equity Solutions, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
841 Prudential Drive, Jacksonville, FL 33207	904-371-6592
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
5720 Ralston, Suite 200, Ventura, CA 93003	805-256-6040
Brief Description of Business	PROCECCE
Mortgage Lending and Mortgage Marketing	PROCESSEI
	JUL 1-8 2007
Type of Business Organization [7] corporation [8] limited partnership, already formed [9] other (1)	please specify):
	THOMSON
Month Year	FINANCIAL
Actual or Estimated Date of Incorporation or Organization: 014 07 Actual Esti	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	DE
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	3. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date of
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20)549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must b
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for	sales of securities in those states that have adopte

- ATTENTION -

ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

this notice and must be completed.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	f a class of equity securities of the issu
• Each executive officer and director of corporate issuers and of corporate general and managing partners of	partnership issuers; and
• Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Bacon, Lane T.	
Business or Residence Address (Number and Street, City, State, Zip Code) 2319 Chapel Drive, Camarillo, CA 93010	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
The Ernst Family Trust UTD 11/16/1995	
Business or Residence Address (Number and Street, City, State, Zip Code) 2355 E. Camelback, Suite 605, Phoenix, AZ 85016	
Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Miller, Randy S.	
Business or Residence Address (Number and Street, City, State, Zip Code) 3905 Cherokee Villa Lane, Jacksonville, FL 32277	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Ernst, Tim	11000
Business or Residence Address (Number and Street, City, State, Zip Code) 2355 E. Camelback, Suite 605, Phoenix, AZ 85016	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?
2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
Yes No 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
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Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
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AL AK AZ AR CA CO CT DE DC FL GA HI ID
IL IN IA KS KY LA ME MD MA MI MN MS MO
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR
KI SC SD IN IX UI VI VA WA WV WI WI FK
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
AL AK AZ AR CA CO CT DE DC FL GA HI ID
IL IN IA KS KY LA ME MD MA MI MN MS MO
MT NE NV NH NJ NM NY NC ND OH OK OR PA
RI SC SD TN TX UT VA WA WV WI WY PR Full Name (Last name first, if individual)
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AL AK AZ AR CA CO CT DE DC FL GA HI ID
IL IN IA KS KY LA ME MD MA MI MN MS MO
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

I,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
		_	5014
	Debt		\$
	Equity	1,000,000.00	\$_1,000,000.00
	✓ Common ✓ Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		
	Total	1,000,000.00	\$ 1,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	1	\$_1,000,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs	Z	\$ <u>0.00</u>
	Legal Fees		\$_40,000.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)	 -	\$ 0.00
	Other Expenses (identify) miscellaneous expenses		\$ 10,000.00
	Total		\$ 50,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO				
	and total expenses furnished in response to Part	offering price given in response to Part C — Ques C — Question 4.a. This difference is the "adjusted	gross		950,000.00 \$
5.	each of the purposes shown. If the amount for	ss proceed to the issuer used or proposed to be us or any purpose is not known, furnish an estimate tal of the payments listed must equal the adjusted Part C — Question 4.b above.	c and		
			O: Dire	ments to fficers, ectors, &	Payments to Others
	Salaries and fees		<u>0</u>	.00	⊘ \$ 0.00
					<u></u> ✓ \$_0.00
	Purchase, rental or leasing and installation of and equipment	machinery	 <mark>:</mark> 7] \$_0	.00	
		d facilities			\$ 0.00
	Acquisition of other businesses (including the offering that may be used in exchange for the	e value of securities involved in this			<u> </u>
					☑ \$ <u>0.00</u>
			🗹 \$ <u>0</u> .	.00	\$_950,000.00
	Other (specify):		[] \$.00	\$ 0.00
			_ 		. 🗷 \$
	Column Totals		🔽 \$_0.	00	950,000.00
	Total Payments Listed (column totals added)			Z \$ <u>9</u> 5	50,000.00
		D. FEDERAL SIGNATURE			
ig	nature constitutes an undertaking by the issuer t	y the undersigned duly authorized person. If this o furnish to the U.S. Securities and Exchange Con-accredited investor pursuant to paragraph (b)(ommission, u	pon writte	
SS	uer (Print or Type)	Signatur	Date		
Αc	dvantage Capital Equity Solutions, Inc.	Y/W	July 10	0, 2007	
٧a	me of Signer (Print or Type)	Title of Signer (Print or Type)			
ar	ne T. Bacon	President and Secretary			

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	E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K	

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature 1	Date
Advantage Capital Equity Solutions, Inc.	Alle	July 10, 2007
Name (Print or Type)	Title (Print or Type)	
Lane T. Bacon	President and Secretary	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 4 l 2 3 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Series A Preferred Accredited Non-Accredited and Common Stock No State Yes No Investors Amount Investors Amount Yes AL ΑK AZ\$1,000,000 \$1,000,000. X × AR CA CO CT DE DC FL GA HI ID IL IN lA KS KY LA ME MD MA ΜI MN MS

APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited amount purchased in State offered in state waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Investors Investors No No Amount Yes State Yes Amount МО MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TXUT VΤ ٧A WA wv WI

	APPENDIX								
ì		2	3		4				lification
	to non-a investor	l to sell accredited as in State s-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item I)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

