
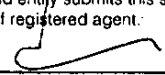
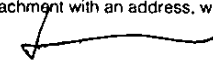


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90139 018 ***150.00

DOCUMENT # F03000000570 1. Entity Name PROVIDENT CAPITAL MORTGAGE, INC.			
Principal Place of Business 2895 SOUTH FEDERAL HIGHWAY DELRAY BEACH, FL 33483		Mailing Address 2895 SOUTH FEDERAL HIGHWAY B-1 DELRAY BEACH, FL 33483	
2. Principal Place of Business 2424 North Federal Hwy		3. Mailing Address 2424 North Federal Hwy	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201	
City & State Boca Raton FL		City & State Boca Raton, FL	
Zip 33431		Zip 33431	
Country		Country	
4. FEI Number 37-1429031		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCIARRETTA, STEVEN A 2300 GLADES RD., STE 302E BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Michael Dipanni, Jr Street Address (P.O. Box Number is Not Acceptable) 2660 North West 48th St. City Boca Raton FL Zip Code 33434	
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  Michael Dipanni, Jr Vice President. 4/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DIPANNI, MICHAEL JR 2660 NW 48TH ST BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. / V.P. Michael Dipanni, SR. 136 White Birch Circle Hope, RI 02831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Michael Dipanni, Jr. 4/11/06 561-846-0011 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	