

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002197

FILED  
Feb 26, 2007  
Secretary of State

Entity Name: PROVIDENT HOUSING RESOURCES INC.

## Current Principal Place of Business:

2151 QUAIL RUN DR.  
BATON ROUGE, LA 70808

## New Principal Place of Business:

## Current Mailing Address:

2151 QUAIL RUN DR.  
BATON ROUGE, LA 70808

## New Mailing Address:

FEI Number: 31-1707833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: HICKS, STEVE E  
Address: 2151 QUAIL RUN DR.  
City-St-Zip: BATON ROUGE, LA 70808

Title: VCT ( ) Delete  
Name: MONSOUR, WALTER G  
Address: 7022 RICHARDS DR  
City-St-Zip: BATON ROUGE, LA 70808

Title: D ( ) Delete  
Name: SUSSMAN, MICHAEL  
Address: 13 CANYON ISLAND DR.  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: D ( ) Delete  
Name: HARROW, THOMAS  
Address: 871 WEST RD  
City-St-Zip: NEW CANAAN, CT 06840

Title: VP ( ) Delete  
Name: LOCKWOOD, DEBRA W  
Address: 2151 QUAIL RUN DR  
City-St-Zip: BATON ROUGE, LA 70808

Title: S ( ) Delete  
Name: HICKS, DONOVAN O  
Address: 2151 QUAIL RUN DR  
City-St-Zip: BATON ROUGE, LA 70808

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: STEVE HICKS

CP

02/26/2007

Electronic Signature of Signing Officer or Director

Date