

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90429 033 \*\*\*150.00

DOCUMENT # F06000005928					
1. Entity Name PROVIDENT RESIDENTIAL FUNDING II INC					
Principal Place of Business 1633 BAYSHORE HIGHWAY SUITE 155 BURLINGAME, CA 94010		Mailing Address 1633 BAYSHORE HIGHWAY SUITE 155 BURLINGAME, CA 94010			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5079398	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICA, R CRAIG		NAME		
STREET ADDRESS	88 LINDA VISTA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ATHERTON, CA 94028		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAKE, MICHELLE CFO		NAME		
STREET ADDRESS	875 PALOMAR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	REDWOOD CITY, CA 94062		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICA, RALPH		NAME		
STREET ADDRESS	1633 BAYSHORE HIGHWAY, SUITE 155		STREET ADDRESS		
CITY-ST-ZIP	BURLINGAME, CA 94010		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEREN, MICHAEL CAO		NAME		
STREET ADDRESS	1633 BAYSHORE HIGHWAY, SUITE 155		STREET ADDRESS		
CITY-ST-ZIP	BURLINGAME, CA 94010		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNN, PENELOPE		NAME		
STREET ADDRESS	1633 BAYSHORE HIGHWAY, SUITE 155		STREET ADDRESS		
CITY-ST-ZIP	BURLINGAME, CA 94010		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Michelle Blake</i>		Michelle C. Blake		7/24/07 (650) 652-1300 xt 3158	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	