2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002896

Entity Name: ACCREDITED HOME LENDERS, INC.

FILED Feb 28, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
15090 AVENUE OF SCIENCE SAN DIEGO, CA 92128				1253 AVENUE OF SCIENCE SAN DIEGO, CA 92128			
Current Mailing Address:				New Mailing Address:			
15090 AVENUE OF SCIENCE SAN DIEGO, CA 92128			15253 AVENUE OF SCIENCE SAN DIEGO, CA 92128				
FEI Number: 33-0426859 FEI Number Applied For () FEI			FEI Nun	umber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:		Name and	Address o	f New Registered A	Agent:
1200 S. PIN PLANTATION The above			urpose o	of changing i	ts registered	d office or registered	l agent, or both,
in the State							
SIGNATURE: Electronic Signature of Registered Agent					 Date		
Election Can		Trust Fund Contribution ().	11			Bate	
OFFICERS	S AND DIRECT	ORS:		ADDITION	IS/CHANGE	ES TO OFFICERS A	AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name:	CEOD () KONRATH, JAMI 15090 AVENUE SAN DIEGO, CA	Delete ES A OF SCIENCE 92128 Delete		Title: Name: Address: City-St-Zip: Title: Name:	CEOD KONRATH, 0 15253 AVEN SAN DIEGO	(X) Change () Addition JAMES A JUE OF SCIENCE , CA 92128 (X) Change () Addition	1
Address: City-St-Zip:	15090 AVENUE SAN DIEGO, CA			Address: City-St-Zip:		IUE OF SCIENCE , CA	
Title: Name: Address: City-St-Zip:	D () GUNDERSON, J 12700 WHITEW HOPKINS, MN 5	ATER		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PCOO () LYDON, JOSEPI 15090 AVENUE SAN DIEGO, CA	OF SCIENCE		Title: Name: Address: City-St-Zip:	PCOO LYDON, JOS 15253 AVEN SAN DIEGO	IUE OF SCIENCE	1
Title: Name: Address: City-St-Zip:	CFO () BUCHANAN, JOH 15090 AVENUE SAN DIEGO, CA	OF SCIENCE		Title: Name: Address: City-St-Zip:	CFO BUCHANAN, 15253 AVEN SAN DIEGO	UE OF SCIENCE	1
Title: Name: Address: City-St-Zip:	D () BERGLUND, JAI 2223 AVENIDA I LA JOLLA, CA S	DE LA PLAYA		Title: Name: Address: City-St-Zip:		() Change () Addition	

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: JOHN S BUCHANAN CFO 02/28/2007