

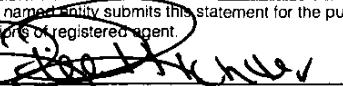
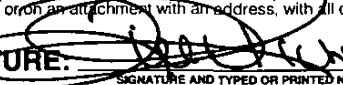


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P14565</b> 1. Entity Name <b>PROVIDENT HOLDING CORPORATION</b>					
Principal Place of Business <b>1415 TIMBERLANE ROAD #123 TALLAHASSEE, FL</b>			Mailing Address <b>1415 TIMBERLANE ROAD #123 TALLAHASSEE, FL</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 1.1em;">05 APR 28 PM 5:15</div> <div style="font-size: 0.9em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 0.8em;">04262005 Chg-P CR2E034 (10/03)</div> <div style="font-size: 0.8em;">4. FEI Number <b>59-2771986</b> <span style="margin-left: 20px;">U. Rogers MAY</span> <span style="border: 1px solid black; padding: 2px;">Applied For</span>  <span style="border: 1px solid black; padding: 2px;">Not Applicable</span> </div> <div style="font-size: 0.8em;">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></div>	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent  <b>RICHTER, LUTHER J 1415 TIMBERLANE ROAD TALLAHASSEE, FL</b>				7. Name and Address of New Registered Agent Name <b>Jill D Richter</b> Street Address (P.O. Box Number is Not Acceptable) <b>616 Connors Home + Roosters</b> <b>1415 Timberlane Rd.</b> City <b>Tallahassee</b> FL Zip Code <b>32312</b>	
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  <b>Jill D. Richter</b> DATE <b>4/26/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RICHTER, JILL D 1415 TIMBERLANE ROAD TALLAHASSEE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS RICHTER, LUTHER J 1415 TIMBERLANE ROAD TALLAHASSEE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>Jill D. Richter</b> DATE <b>4/26/05</b> DAYTIME PHONE # <b>850 668-0700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					