


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M34469 1. Entity Name PRO BUILDING SERVICES, INC.	
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Principal Place of Business 7027 WEST BROWARD BLVD. #303 PLANTATION, FL 33317-2208	Mailing Address 7027 WEST BROWARD BLVD. #303 PLANTATION, FL 33317-2208
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2706742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAXNER, RICHARD S. 7027 WEST BROWARD BLVD. SUITE 303 PLANTATION, FL 33317-2208	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAXNER, RICHARD S. 825 WEST PLANTATION CIRCLE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAXNER, CRAIG 811 N.W. 76TH TERRACE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAXNER, EILEEN M. 825 W. PLANTATION CIRCLE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/07-80073-024 150.00

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: CRAIG SAXNER 4/2/07 954-473-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #