


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000047282**

1. Entity Name  
**PRO-BOWL PLUMBING, INC.**



Principal Place of Business      Mailing Address

**12134 WILES ROAD**      **12134 WILES ROAD**  
**CORAL SPRINGS, FL 33076 US**      **CORAL SPRINGS, FL 33076 US**



01222007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0707876**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORETTI, VINCENT J**  
**5067 NW 123 AVE**  
**CORAL SPRINGS, FL 33076**

**DO NOT WRITE IN THIS SPACE**

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 reissuing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORETTI, VINCENT J
STREET ADDRESS	5067 NW 123 AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	S
NAME	MCGARY, SCOTT S
STREET ADDRESS	2864 DEER RUN TRAIL
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	V
NAME	IRRANG, RICHARD J
STREET ADDRESS	12390 NW 78 MANOR
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	T
NAME	MORETTI, KIM M
STREET ADDRESS	5067 NW 123 AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/23/07-80001-023 150.00

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: *Vincent J. Moretti*      1-22-07      954-346-9873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #