2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90285 032 ***150.00

DOCUMENT # F97000001511

1. Entity Name
FLUOR INDUSTRIAL SERVICES, INC.

60025519

Principal Place of Business	Mailing Address
ONE ENTERPRISE DR. F2B ALISO VIEJO, CA 92656 US	ONE ENTERPRISE DR. F2B ALISO VIEJO, CA 92656 US

03212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 33-0432280 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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 _____
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHER, L.N. ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEVENS, M.A. ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRIMES, K.D. ONE ENTERPRISE DR, #F2B ALISO VIEJO, CA 92656 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRIMES, KIRK D ONE ENTERPRISE DRIVE ALISO VIEJO, CA 92656	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP McELROY, B.R. ONE ENTERPRISE DR, #F2B ALISO VIEJO, CA 92656 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT TSENG, MIN C ONE ENTERPRISE DRIVE ALISO VIEJO, CA 92656	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT LUCAS, J.M. ONE ENTERPRISE DR, #F2B ALISO VIEJO, CA 92656 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT OLIVA, JOANNA M ONE ENTERPRISE DR ALISO VIEJO, CA 92656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO STEUERT, D.M. ONE ENTERPRISE DRIVE ALISO VIEJO, CA 92656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: James M. Lucas 3/29/06 949-349-7107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #