
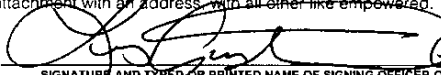


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90200 031 \*\*\*150.00

DOCUMENT # F99000002550							
1. Entity Name MATRIX SERVICE INDUSTRIAL CONTRACTORS, INC.							
Principal Place of Business 10701 EAST UTE STREET TULSA, OK 74116 US			Mailing Address 10701 EAST UTE STREET TULSA, OK 74116 US				
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 74-2367382			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
				CR2E034 (11/05)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input checked="" type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
	DAVIS, VANCE R	10701 EAST UTE STREET	TULSA, OK 74116		VICE PRESIDENT		
	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
	PD	RYAN, JAMES P	10701 EAST UTE STREET		PRESIDENT / DIRECTOR	JAMES A. BOGAN	10701 EAST UTE ST.
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	CFOD	AUSTIN, LES	10701 EAST UTE ST.				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
					TREASURER	ALBERT D. FOSBERNER	10701 EAST UTE ST.
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<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 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: 				Date: 04-13-06		Daytime Phone #: (918) 838-8822	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	