


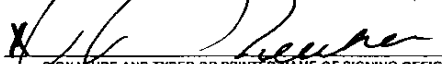
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90292 036 ***150.00

DOCUMENT # F99000002096					
1. Entity Name FLINT ENERGY SERVICES INC.					
Principal Place of Business 7633 E 63RD PL SUITE 500 TULSA OK 74133			Mailing Address P.O BOX 3044 TULSA OK 74101		
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 73-1549387	
				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 _____ (NOTE: Registered Agent signature required when nominating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINGARD, WILLIAM JOHN		NAME		
STREET ADDRESS	STOCK EXCHANGE TW, 700, 300-5TH AVE SW		STREET ADDRESS		
CITY-ST-ZIP	CALGANY, AB CANADA t2p- 3c4		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NBOECHLER, PAUL		NAME	BOECHLER, PAUL	
STREET ADDRESS	7633 E 63RD PL SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	TULSA OK 74133		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEDDES, JOHN W		NAME		
STREET ADDRESS	400 THIRD AVE SE		STREET ADDRESS		
CITY-ST-ZIP	CALGARY, ALBERTA, CANADA t2p- 4h2		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOECHLER, PAUL		NAME		
STREET ADDRESS	7633 E 63RD PL SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	TULSA OK 74133		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SATTER, BRYCE L		NAME		
STREET ADDRESS	7633 E 63RD PL SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	TULSA OK 74133		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, LLOYD		NAME		
STREET ADDRESS	7633 E 63RD PL SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	TULSA OK 74133		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Paul Boechler, President**

Date **April 12/06** Daytime Phone **918-294-3030**