2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 23, 2006 08:00 AM DOCUMENT # P27725 **Secretary of State** 1. Entity Name FRES, INC. Principal Place of Business Mailing Address 100 FLUOR DANIEL DRIVE ONE ENTERPRISE DRIVE GREENVILLE, SC 29607 ALISO VIEIO, CA 92656-2606 US CR2E034 (11/05) 01102006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 57-0602983 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON, FL 33331 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PDS TITLE FISHER, L NAME ONE ENTERPRISE DR STREET ADDRESS CITY-ST-ZIP ALISO VIEJO, CA 92656 U00000396117 01/27/06-80019-023 150.00 TITLE TSENG, MIN C NAME ONE ENTERPRISE DR STREET ADDRESS CITY-ST-ZIP ALISO VIEJO, CA 92656 TITLE STEUERT, D.M. NAME STREET ADDRESS ONE ENTERPRISE DR DO NOT WRITE CITY-ST-ZIP ALISO VIEJO, CA 92656 IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZAP TITLE NAME STREET ADDRESS CITY-ST-ZIP

/11/2006