


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 836662
 1. Entity Name
FLUOR DANIEL SERVICES CORPORATION



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| Principal Place of Business ONE ENTERPRISE DR. F2B ALISO VIEJO, CA 92656-2606 US | Mailing Address ONE ENTERPRISE DR. F2B ALISO VIEJO, CA 92656-2606 US |
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01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 57-0553685 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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**

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FISHER, L.N. ONE ENTERPRISE DR. ALISO VIEJO, CA 92656 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT TSENG, MIN C ONE ENTERPRISE DR. ALISO VIEJO, CA 92656 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO STEUERT, D M ONE ENTERPRISE DR ALISO VIEJO, CA 92656 |
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 03/04/06-80050-012 150.00

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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:  **Min C. Tseng** 1/18/06 949-349-4461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/1/18/06 Phone #