


**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.**



Principal Place of Business      Mailing Address

**ONE ENTERPRISE DR.  
 F2B  
 ALISO VIEJO, CA 92656    US**      **ONE ENTERPRISE DR.  
 F2B  
 ALISO VIEJO, CA 92656    US**

**60025519**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03212006    Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**33-0432280**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

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

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)

**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	<b>D</b> <b>FISHER, L.N.</b> <b>ONE ENTERPRISE DR.</b> <b>ALISO VIEJO, CA 92656</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STEVENS, M.A.</b> <b>ONE ENTERPRISE DR.</b> <b>ALISO VIEJO, CA 92656</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GRIMES, K.D.</b> <b>ONE ENTERPRISE DR, #F2B ALISO VIEJO, CA 92656</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GRIMES, KIRK D</b> <b>ONE ENTERPRISE DRIVE</b> <b>ALISO VIEJO, CA 92656</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MCLEROY, O.R.</b> <b>ONE ENTERPRISE DR, #F2B ALISO VIEJO, CA 92656</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>TSENG, MIN C</b> <b>ONE ENTERPRISE DRIVE</b> <b>ALISO VIEJO, CA 92656</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LUCAS, J.M.</b> <b>ONE ENTERPRISE DR, #F2B ALISO VIEJO, CA 92656</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>OLIVA, JOANNA M</b> <b>ONE ENTERPRISE DR</b> <b>ALISO VIEJO, CA 92656</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>STEUERT, D.M.</b> <b>ONE ENTERPRISE DRIVE</b> <b>ALISO VIEJO, CA 92656</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: James M. Lucas      3/29/06      949-349-7107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #