2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007110

Entity Name: OLDCASTLE PRECAST, INC.

FILED Apr 16, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
2820 AUBURN, WA 98002 US		1002 15TH STREET SW SUITE 110 AUBURN, WA 98001 US				
Current Mailing Address:				New Mailing Address:		
375 NORTHRIDGE ROAD SUITE 350 ATLANTA, GA 30350						
FEI Number: 91-0782138 FEI Number Applied For () FEI Nu		FEI Nun	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P/D () SCHACK, JAME 2820 A STREET AUBURN, WAS	Г		Title: Name: Address: City-St-Zip:	SCHACK, MAR	REET SW, SUITE 110
Title: Name: Address: City-St-Zip:	S/T () QUINN, ROBER 2820 A STREE AUBURN, WAS	Г		Title: Name: Address: City-St-Zip:	QUINN, ROBER	SW, SUITE 110
Title: Name: Address: City-St-Zip:	FARINHA, ERIC	OYAL ATLANTA DRIVE, SUITE A		Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	MCCULLOUGH	GE ROAD, SUITE 350		Title: Name: Address: City-St-Zip:	O'DRISCOLL, N) Change ()Addition MICHAEL G DIR DGE ROAD, SUITE 350 30350
Title: Name: Address: City-St-Zip:	HICKMAN, GAR	GE ROAD, SUITE 350		Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	O'DRISCOLL, N	GE ROAD, SUITE 350		Title: Name: Address: City-St-Zip:	()) Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY P HICKMAN AS 04/16/2007