

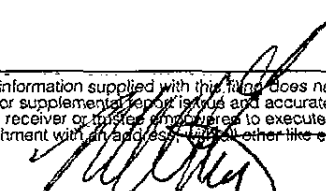


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000006460</b>		
1. Entity Name <b>ATLANTIC SKANSKA, INC.</b>		
Principal Place of Business <b>2030 POWERS FERRY RD. SUITE 444 ATLANTA, GA 30339</b>		Mailing Address <b>2030 POWERS FERRY RD. SUITE 444 ATLANTA, GA 30339</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		 01062006 No Chg-P CR2E034 (11/05) 4. FEI Number <b>45-0490827</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		<b>DO NOT WRITE IN THIS SPACE</b>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE LOCURTO, JOSEPH 2030 POWERS FERRY RD., STE 444 ATLANTA, GA 30339	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCGINNIS, NORMAN G 2030 POWERS FERRY RD., STE 444 ATLANTA, GA 30339	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSE, BOB 2030 POWERS FERRY RD., STE 444 ATLANTA, GA 30339	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASCF REID, CHARLES L 2030 POWERS FERRY RD., STE 444 ATLANTA, GA 30339	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EVANS, BARRY 2030 POWERS FERRY RD., STE 444 ATLANTA, GA 30339	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this form 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 and I agree 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 any address, title or other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/09/06 678 460 2600 <small>Date Daytime Phone #</small>