

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 26, 2006 8:00 am
Secretary of State**

04-26-2006 90191 023 ***150.00

DOCUMENT # F04000000167

1. Entity Name
QUIKRETE INTERNATIONAL, INC.



Principal Place of Business		Mailing Address	
3490 PIEDMONT ROAD ONE SECURITIES CENTRE, SUITE 1300 ATLANTA, GA 30305		3490 PIEDMONT ROAD ONE SECURITIES CENTRE, SUITE 1300 ATLANTA, GA 30305	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04142006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0512217		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		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<small>(NOTE: Registered Agent signature required when reinstating)</small> _____ <small>DATE</small> _____			

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete WINCHESTER, JAMES E JR 3490 PIEDMONT ROAD, SUITE 1300 ATLANTA, GA 30305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete WINCHESTER, JOHN O 3490 PIEDMONT ROAD, SUITE 1300 ATLANTA, GA 30305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete WINCHESTER, DENNIS C 3490 PIEDMONT ROAD, SUITE 1300 ATLANTA, GA 30305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <input type="checkbox"/> Delete LOVE, JERRY E 3490 PIEDMONT ROAD, SUITE 1300 ATLANTA, GA 30305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chief Accounting Officer</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>William R. Magill</i> <i>3490 Piedmont Rd Ste 1300</i> <i>Atlanta GA 30305</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 *404-687-9160*
Date Daytime Phone #