

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003081

FILED
Apr 16, 2007
Secretary of State

Entity Name: OLDCASTLE WESTILE, INC.

Current Principal Place of Business:

1742 S. ROOFTILE ROAD
CASA GRANDE, AZ 85222

New Principal Place of Business:

Current Mailing Address:

375 NORTHRIDGE ROAD
SUITE 350
ATLANTA, GA 30350

New Mailing Address:

FEI Number: 58-2465967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BLACK, DOUGLAS
Address: 375 NORTHRIDGE ROAD
City-St-Zip: ATLANTA, GA 30350

Title: P/D () Delete
Name: KOZIKOWSKI, TED
Address: 1742 S. ROOFTILE ROAD
City-St-Zip: CASA GRANDE, AZ 85222

Title: CFO () Delete
Name: HAKES, KEN
Address: 1742 S. ROOFTILE ROAD
City-St-Zip: CASA GRANDE, AZ 85222

Title: CONT () Delete
Name: GOOD, JEFF
Address: 1742 S. ROOFTILE ROAD
City-St-Zip: CASA GRANDE, AZ 85222

Title: S/T () Delete
Name: ELLIOTT, KELLY A
Address: 375 NORTHRIDGE ROAD
City-St-Zip: ATLANTA, GA 30350

Title: AS () Delete
Name: HICKMAN, GARY P
Address: 375 NORTHRIDGE ROAD
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SANDBROOK, WILLIAM J DIR
Address: 375 NORTHRIDGE ROAD
City-St-Zip: ATLANTA, GA 30350

Title: P/D (X) Change () Addition
Name: KOZIKOWSKI, TED DIR/P
Address: 1742 S. ROOFTILE ROAD
City-St-Zip: CASA GRANDE, AZ 85222

Title: CFO (X) Change () Addition
Name: RUMLEY, RUSSELL CFO
Address: 1742 S. ROOFTILE ROAD
City-St-Zip: CASA GRANDE, AZ 85222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

_____ Date