

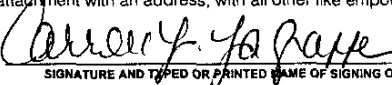


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J90977 1. Entity Name HANSON PIPE & PRODUCTS PRECAST SOUTHEAST, INC.						FILED 06 JUN 13 AM 7:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business U.S. HIGHWAY #17 SOUTH GREEN COVE SPRINGS, FL 32043				Mailing Address 1333 CAMPUS PARKWAY NEPTUNE, NJ 07753			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 59-2866009				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 RD. 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 _____ 000077172590 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 07/10/06--01004--000 **11.25							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PDC MANNING, RICHARD C 15720 JOHN J. DELANEY DRIVE CHARLOTTE, NC 28277 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mark D. Carpenter 4190 US Highway 17 South Green Cove Springs, Florida 32043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLECHA, JOAN B 4190 US HIGHWAY 17 SOUTH GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Carroll L. LaGraffe 2680 Bishop Dr. #225 San Ramon, California 94583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HYER, MICHAEL H 8505 FREEPORT PARKWAY IRVING, TX 75063 <input type="checkbox"/> Delete			000077172590 07/10/06--01004--004 **50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AVERY, CECIL C 1333 CAMPUS PARKWAY NEPTUNE, NJ 07753 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUTCHINSON, JOHN M 1333 CAMPUS PARKWAY NEPTUNE, NJ 07753 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIT NICHOLLS, SIMON 1333 CAMPUS PARKWAY NEPTUNE, NJ 07753 <input type="checkbox"/> Delete			<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:  CARROLL L. LaGRAFFE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5/30/06 Date			
ASSISTANT SECRETARY				925-244-6578 Daytime Phone #			

K. Eckel JUN 15 2006