


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000034169		
1. Entity Name HANSON PIPE & PRODUCTS SOUTHEAST, INC.		

Principal Place of Business 3500 MAPLE AVE DALLAS, TX 75219 US	Mailing Address 1333 CAMPUS PARKWAY NEPTUNE, NJ 07753 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
06 JUN 13 AM 7:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05302006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	700077172377 07/10/06--01004--001 **50.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D MANNING, RICHARD 3500 MAPLE AVE DALLAS, TX 75219 <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	VSD HYER, MICHAEL H 8505 FREEPORT PARKWAY, SUITE 200 IRVING, TX 75063 <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	P BLECHA, JOAN 4190 US HWY 17 SOUTH GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700077172377 07/10/06--01004--002 **11.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF CAPELLI, THOMAS 3500 MAPLE AVE, STE 1180 DALLAS, TX 75219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T NICHOLLS, SIMON 1333 CAMPUS PARKWAY NEPTUNE, NJ 07753 <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:  CARROLL L. LaGRAFFE 5/30/06 925-244-6578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
ASSISTANT SECRETARY