


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000003823

1. Entity Name
LINTON TRUSS CORPORATION



Principal Place of Business 1455 SW 4TH AVENUE DELRAY BEACH, FL 33444	Mailing Address 1455 SW 4TH AVENUE DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0546481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAZAROW, SELDAN A
 7696 CEDARWOOD CIR.
 BOCA RATON, FL 33434-4249

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000251792
 03/04/05-80065-008 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCS LAZAROW, SELDAN A 7696 CEDARWOOD CIR BOCA RATON, FL 334344249
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICKLIN, ROBERT B 1455 SW 4TH AVE. DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINTUCK, NORMAN 4751 BOCAIRE BOULEVARD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAPP, ANDY C/O 150 FEDERAL STREET BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMEY, ROBERT A C/O 101 SECOND STREET SE CEDAR RAPIDS, IA 52401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTER, JOHN C/O 100 PEARL STREET HARTFORD, CT 06103

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Seldan A Lazarow 2/28/05 (561) 272-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #