

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000003823

FILED
Jan 16, 2007
Secretary of State

Entity Name: LINTON TRUSS CORPORATION

Current Principal Place of Business:

1455 SW 4TH AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1455 SW 4TH AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0546481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZAROW, SELDAN A
7696 CEDARWOOD CIR.
BOCA RATON, FL 334344249 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: DPCS () Delete
Name: LAZAROW, SELDAN A
Address: 7696 CEDARWOOD CIR
City-St-Zip: BOCA RATON, FL 334344249

Title: VP () Delete
Name: NICKLIN, ROBERT B
Address: 1455 SW 4TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: FEINTUCK, NORMAN
Address: 4751 BOCAIRE BOULEVARD
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: CLAPP, ANDY
Address: C/O 150 FEDERAL STREET
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: COMEY, ROBERT A
Address: C/O 101 SECOND STREET SE
City-St-Zip: CEDAR RAPIDS, IA 52401

Title: D (X) Delete
Name: RITTER, JOHN
Address: C/O 100 PEARL STREET
City-St-Zip: HARTFORD, CT 06103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: NICKLIN, ROBERT B
Address: 1455 SW 4TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

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

Title: D (X) Change () Addition
Name: RITTER, JOHN
Address: C/O 100 PEARL STREET
City-St-Zip: HARTFORD, CT 06103

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: SELDAN A. LAZAROW

Electronic Signature of Signing Officer or Director

DPCS

01/16/2007

Date