2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

1. Entity Nam	MENT #669972 TRUS SALES, INC.			04-28-2008 9	90341 00	1 ***150	0.00	
Principal Plac	e of Business	Mailing Address		_	•			
7355 S.W. 9 VERO BCH, F		7355 S.W. 9TH STREE VERO BCH, FL 32968		, i	•		,	•
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172008	Chg-P	CR2E03	34 (12/06)	
City & State		City & State		4. FEI Number 59-2001				oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of	of Status Desired		\$8.75 Ad	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New R			
LAMNED	ID CEODOE E		Name					
HAMNER JR., GEORGE F. 7355 S.W. 9TH STREET VERO BEACH, FL 32968			Street Addre	ss (P.O. Box Numbe	is Not Acceptable	e)		
VERO DE								
	•		City			FL	Zip Cod	le
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regi	stered agent, or both	, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agont signature req	uired when reinstating)		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campa	ion Financing	\$5.00s			· · · · · ·	
Atter Wi	ay 1, 2008 Fee will be \$550	.00 Trust Fund Conf	ribution.	\$5.00 May Be Added to Fees		• .		
10.	ay 1, 2008 Fee will be \$550 OFFICERS AND		ribution. 11.		CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
10.	ay 1, 2008 Fee will be \$550 OFFICERS AND		Tibution		CHANGES TO OFF	ICERS AND	DIRECTOR Change	S IN 11
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08 (172)512-2252