

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000090742

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** TRUSS ALIGNMENT SYSTEMS, INC.

**Current Principal Place of Business:**

414 HIAWATHA WAY  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

414 HIAWATHA WAY  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

**FEI Number:** 43-2085028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOOKS, SHERRILL  
414 HIAWATHA WAY  
MELBOURNE BEACH, FL 32951 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: HOOKS, SHERRILL  
Address: 414 HIAWATHA WAY  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SVD  
Name: PARSONS, KATHLEEN E  
Address: 414 HIAWATHA WAY  
City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby 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 all other like empowered.

SIGNATURE: SHERRILL HOOKS

RA

03/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date