2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# P94000017416

Entity Name: D J TRUSSES UNLIMITED, INC.

Current Principal Place of Business:

305 WINSTON CREEK PARKWAY
LAKELAND, FL 33810 US

New Principal Place of Business:

315 WINSTON CREEK PARKWAY
LAKELAND, FL 33810 US

Current Mailing Address:

305 WINSTON CREEK PARKWAY
LAKELAND, FL 33810 US

New Mailing Address:

315 WINSTON CREEK PARKWAY
LAKELAND, FL 33810 US

FEI Number: 59-3199983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIPPS, GERALD B PRES.
12290 N COMMONWEALTH AVENUE
POST OFFICE BOX 1293
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

CHIPPS, GERALD B PRES.
12290 N COMMONWEALTH AVENUE
POLK CITY, FL 33868 US

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: GERALD B CHIPPS 01/14/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHIPPS, GERALD B
Address: 8922 PINECREST DR
City-St-Zip: LAKELAND, FL 33809

Title: VP ( ) Delete
Name: SNELL, DAVID D
Address: P.O. BOX 1293
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHIPPS, GERALD B
Address: 12290 NORTHCOMMONWEALTH AVE.
City-St-Zip: POLKCITY, FL 33868

Title: VP (X) Change ( ) Addition
Name: SNELL, DAVID D
Address: 8922 PINECREST DR.
City-St-Zip: LAKELAND, FL 33809

I hereby certify that the information supplied with this filing does not qualify 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: GERALD B CHIPPS P 01/14/2008
Electronic Signature of Signing Officer or Director Date