


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000251792 03/04/05-80065-008 158.75
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10. OFFICERS AND DIRECTORS

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