

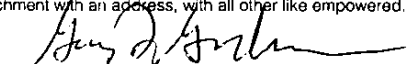


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P98000020696</b>		
1. Entity Name <b>MARIANNA TRUSS, INC.</b>		
Principal Place of Business <b>3644 HWY. 71 N. MARIANNA, FL 32446</b>		Mailing Address <b>PO BOX 833 MARIANNA, FL 32447</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
 07072008 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>59-3497653</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>GOCHENAUR, GARRY L 3644 HWY. 71 N. MARIANNA, FL 32446</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOCHENAUR, GARRY L P. O. BOX 833 MARIANNA, FL 32447	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOCHENAUR, DEBRA L P. O. BOX 833 MARIANNA, FL 32447	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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		Date <b>9/29/08</b> (850) 594-5420 Daytime Phone #

GARRY GOCHENAUR