

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000049761

Entity Name: TRUE TRUSS, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

10411 ALTA DRIVE
JACKSONVILLE, FL 32226

New Principal Place of Business:

10411 ALTA DRIVE
JACKSONVILLE, FL 32226 US

Current Mailing Address:

10411 ALTA DRIVE
JACKSONVILLE, FL 32226

New Mailing Address:

10411 ALTA DRIVE
JACKSONVILLE, FL 32226 US

FEI Number: 59-2812122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERRY, MIKE
333 1ST STREET NORTH
STE 305
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

PERSONS, ROBERT B ESQ.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH, FL 32250 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: ROBERT B. PERSONS ESQ.

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIXON, OLIVER L
Address: 10411 ALTA DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: DIXON, BARRY E
Address: 10411 ALTA DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: HARRISON, J R
Address: 10411 ALTA DR
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIXON, OLIVER L
Address: 10411 ALTA DRIVE
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: D (X) Change () Addition
Name: DIXON, BARRY E
Address: 10411 ALTA DRIVE
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: D (X) Change () Addition
Name: HARRISON, J. REBECCA
Address: 10411 ALTA DRIVE
City-St-Zip: JACKSONVILLE, FL 32226 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNE THORNTON

EA

04/28/2006

Electronic Signature of Signing Officer or Director

Date