2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000049761

Entity Name: TRUE TRUSS, INC.

FILED Mar 20, 2007 Secretary of State

10411 ALTA DRIVE

US JACKSONVILLE, FL 32226

10411 ALTA DRIVE JACKSONVILLE, FL 322262301 US

Current Mailing Address: New Mailing Address:

10411 ALTA DRIVE 10411 ALTA DRIVE

JACKSONVILLE, FL 32226 US JACKSONVILLE, FL 322262301 US

FEI Number: 59-2812122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

DIXON, OLIVER L DIXON, OLIVER L Name: Name: 10411 ALTA DRIVE 10411 ALTA DRIVE Address: Address:

City-St-Zip: JACKSONVILLE, FL 32226 US City-St-Zip: JACKSONVILLE, FL 322262301 US

Title: Title: () Delete (X) Change () Addition

Name: DIXON, BARRY E Name: DIXON, BARRY E 10411 ALTA DRIVE 10411 ALTA DRIVE Address: Address:

JACKSONVILLE, FL 32226 US JACKSONVILLE, FL 322262301 US City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

HARRISON, J. REBECCA Name: HARRISON, J. REBECCA Name: 10411 ALTA DRIVE 10411 ALTA DRIVE Address: Address:

City-St-Zip: JACKSONVILLE, FL 32226 US City-St-Zip: JACKSONVILLE, FL 322262301 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 ASST 03/20/2007