



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000006064 1. Entity Name GET A LIFT INC.	
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Principal Place of Business 361 -10TH AVE DR. N.E. STE 201 HICKORY, NC 28601	Mailing Address 2425 N. CENTER ST., NO. 162 HICKORY, NC 28601
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DO NOT WRITE IN THIS SPACE

	
01082004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 56-1954986	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 NRAI SERVICES, INC 526 E PARK AVE TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOGUE, BETTY Z 934 30TH AVE. DR. NW HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOGUE, H. DANIEL JR. 934 30TH AVE. DR. NW HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, ANGELA B 4241 N CENTER ST HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAVER, DONALD C BEACHFRONT 530 OCEAN DR JUNO BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000001056687
02/19/04-80028-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 	H. DANIEL BOGUE JR. 2/16/04	828-261-0043
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>
SECRETARY/TREASURER		<small>Daytime Phone #</small>