

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006064

FILED
Mar 05, 2007
Secretary of State

Entity Name: GET A LIFT INC.

Current Principal Place of Business:

361 -10TH AVE DR. N.E.
STE 201
HICKORY, NC 28601

New Principal Place of Business:

Current Mailing Address:

2425 N. CENTER ST., PMB 162
HICKORY, NC 28601

New Mailing Address:

FEI Number: 56-1954986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOGUE, BETTY Z
Address: 934 30TH AVE. DR. NW
City-St-Zip: HICKORY, NC 28601

Title: SD () Delete
Name: BOGUE, H. DANIEL JR.
Address: 934 30TH AVE. DR. NW
City-St-Zip: HICKORY, NC 28601

Title: VPD () Delete
Name: SIMMONS, ANGELA B
Address: 4241 N CENTER ST
City-St-Zip: HICKORY, NC 28601

Title: D () Delete
Name: BEAVER, DONALD C
Address: BEACHFRONT 530 OCEAN DR
City-St-Zip: JUNO BCH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: H. DANIEL BOGUE, JR.

SECR

03/05/2007

Electronic Signature of Signing Officer or Director

_____ Date