2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 22, 2007 08:00 A Secretary of State DOCUMENT # G73714 1. En#ty Name SAFE-LIFT CORPORATION Principal Place of Business Mailing Address 5551 NW 74TH AVE 5551 NW 74TH AVE MIAMI, FL 33166 US MIAMI, FL 33166 US CR2E034 (11/05) 02022007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BODZIN, SIDNEY M. DO NOT WRITE 1031 IVES DAIRY RD STE 228 MIAMI, FL 33179 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHEN, ARTHUR R. NAME U000000764931 8944 SW 52ND CT. STREET ADDRESS 05/31/07-80017-019 550.00 CITY-ST-ZIP FT. LAUDERDALE, FL. STD TITLE CHEN, T. MARJORIE NAME 8944 SW 52ND CT. STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 tike fampowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR