
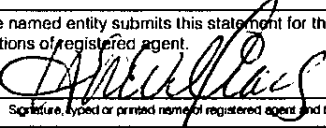
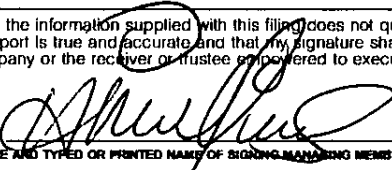


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000075268</b> 1. Entity Name MEGALIFT TECHNOLOGIES, L.L.C.														
Principal Place of Business 4925 THORNBRIAR PLACE LAND O'LAKES, FL 34639	Mailing Address 4925 THORNBRIAR PLACE LAND O'LAKES, FL 34639													
<b>DO NOT WRITE IN THIS SPACE</b>														
6. Name and Address of Current Registered Agent  WILLIAMS, HARRY R 4925 THORNBRIAR PLACE LAND O'LAKES, FL 34639		<b>DO NOT WRITE IN THIS SPACE</b>												
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. (NOTE: Registered Agent signature required when reinstating)</small>														
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>MGRM WILLIAMS, HARRY R 4925 THORNBRIAR PLACE LAND O'LAKES, FL 34639</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, HARRY R 4925 THORNBRIAR PLACE LAND O'LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>														



02122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 11-3731315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

U000000832040  
02/27/08-80043-007 138.75

**DO NOT WRITE  
IN THIS SPACE**