

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032521

FILED  
Aug 10, 2006  
Secretary of State

Entity Name: LIFT NORTH AMERICA, INC.

## Current Principal Place of Business:

9843 COSTA MESA LANE UNIT 106  
BONITA SPRINGS, FL 341356835

## New Principal Place of Business:

17046 PORTA VECCHIO WAY  
UNIT 102  
NAPLES, FL 34110 US

## Current Mailing Address:

9843 COSTA MESA LANE UNIT 106  
BONITA SPRINGS, FL 341356835

## New Mailing Address:

17046 PORTA VECCHIO WAY  
UNIT 102  
NAPLES, FL 34110 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.  
4001 TAMiami TRAIL NORTH  
SUITE 330  
NAPLES, FL 341033060 US

## Name and Address of New Registered Agent:

SALVATORI & WOOD, P.L.  
4001 TAMiami TRAIL NORTH  
SUITE 330  
NAPLES, FL 34103 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: LEO J. SALVATORI

08/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDVT ( ) Delete  
Name: MCNEIL, IAN  
Address: 9843 COSTA MESA LANE UNIT 106  
City-St-Zip: BONITA SPRINGS, FL 341356835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition  
Name: MCNEIL, IAN  
Address: 17046 PORTA VECCHIO WAY, UNIT 102  
City-St-Zip: NAPLES, FL 34110 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: IAN MCNEIL

PDST

08/10/2006

Electronic Signature of Signing Officer or Director

Date