


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90033 003 ***150.00

DOCUMENT # P97000095157 1. Entity Name THE LIFT MAN, INC.	
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Principal Place of Business 1818 HIGH RIDGE RD LAKE WORTH, FL 33461	Mailing Address 1818 HIGH RIDGE RD LAKE WORTH, FL 33461 918 REED CANAL RD #254 SOUTH DATONA, FL 32119
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DO NOT WRITE IN THIS SPACE

400100



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0797928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HATCH, WILLIAM K 1818 HIGH RIDGE RD LAKE WORTH, FL 33461 CHANGE OF ADDRESS 918 REED CANAL RD #254 SOUTH DATONA, FL 32119	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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PVTD HATCH, WILLIAM K 1818 HIGH RIDGE RD LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTINI, PETER JAY 276 SE 8TH AVE DEERFIELD BCH, FL 33441
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	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08 561-370-4962

Date

Daytime Phone #