


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # S94122 1. Entity Name U.S. LIFT ORLANDO, INC.		
Principal Place of Business 1130 S RIO GRANDE ORLANDO, FL 32805 US	Mailing Address 1130 S RIO GRANDE ORLANDO, FL 32805 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RHOADS, PAUL A 1130 S. RIO GRANDE AVE ORLANDO, FL 32805		DO NOT WRITE 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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHOADS, PAUL A 1130 S. RIO GRANDE AVE ORLANDO, FL 32805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RHOADS, KATHY J 1130 S. RIO GRANDE AVE ORLANDO, FL 32805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAGGETT, JON 4705 HAYLOCK DRIVE ORLANDO, FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Paul A Rhoads</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5-10-06</u> <u>4078432565</u> <small>Date Daytime Phone #</small>



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0311617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/20/06-80095-005 150.00