


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90022 038 \*\*\*150.00

**DOCUMENT # F06000007869**  
 1. Entity Name  
**BOOTIN RENTAL MANAGEMENT CORP.**



Principal Place of Business      Mailing Address  
**3638 N RANCHO DRIVE SUITE 6**      **3638 N RANCHO DRIVE SUITE 6**  
**LAS VEGAS, NV 89130**      **LAS VEGAS, NV 89130**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. Box 444**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Dixon IL**

Zip      Country      Zip      Country  
**61021**      **Lee**

50000506



01152007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-4785321**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**DILLON, JOHN**  
**6404 MATANGAS DR**  
**SEBRING, FL 33872**

**7. Name and Address of New Registered Agent**  
 Name **Dillon, John**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6404 Matanzas Dr**  
 City **Sebring**      **FL**      Zip Code **33872**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>DILLON, DAVID E</b>	
STREET ADDRESS	<b>PO BOX 444</b>	
CITY-ST-ZIP	<b>DIXON, IL 61021</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DILLON, JUDITH A</b>	
STREET ADDRESS	<b>PO BOX 444</b>	
CITY-ST-ZIP	<b>DIXON, IL 61021</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**  **David E Dillon**      **1/15/07**      **815-244-1186**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #