


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90044 035 \*\*\*\*61.25

<b>DOCUMENT # N29842</b>	
1. Entity Name <b>BOOT RANCH WEST ASSOCIATION, INC.</b>	

Principal Place of Business <b>STERLING MGMT 2880 SCHERER DR., SUITE 840 SAINT PETERSBURG FL 33716 US</b>	Mailing Address <b>STERLING MGMT 2880 SCHERER DR., SUITE 840 SAINT PETERSBURG FL 33716 US</b>
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2. Principal Place of Business <b>2870 Scherer Drive N</b>	3. Mailing Address <b>2870 Scherer Drive N</b>
Suite, Apt. #, etc. <b>Suite 100</b>	Suite, Apt. #, etc. <b>Suite 100</b>
City & State <b>St Petersburg FL</b>	City & State <b>St Petersburg FL</b>
Zip <b>33716</b>	Country <b>USA</b>



1st MOORE CR2E037 (10/05)

4. FEI Number <b>34-1615598</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CIANFRONE, JOE P.A. 1968 BAYSHORE BLVD. DUNEDIN FL 34698</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, JOHN 45 CATHRINE BLVD PALM HARBOR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MANULA, KEN 38 WEST PONTE AVE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MOUNTAIN, PEGGY 4925 CROSS BAYOU BLVD, P O BOX 1176 NEW PORT RICHEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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]* 5-15-06 732-288-8555