2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N97000005318

Entity Name: BOOTSTRAP RANCH, INC.

Current Principal Place of Business:

8977 DRY CREEK RD
BELGRADE, MT 59714 US

New Principal Place of Business:

Current Mailing Address:

11390 TWELVE OAKS WAY, #520
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0791564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, KAREN M
11390 TWELVE OAKS WAY
#520
N. PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOODS, RONALD J
Address: 11390 TWELVE OAKS WAY, #520
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete
Name: POWELL, KAREN
Address: 11390 TWELVE OAKS WAY, #520
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete
Name: FITZGERALD, EDWARD F
Address: 218 SOUTH 94TH ST.
City-St-Zip: OMAHA, NE 08114

Title: D ( ) Delete
Name: TOWLE, JOHN R
Address: 25 BELLE MEADE
City-St-Zip: GROSSE POINTE, MI 48236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN M. POWELL D 04/30/2005
Electronic Signature of Signing Officer or Director — Date