


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90203 012 ***150.00

DOCUMENT # P06000151644	
1. Entity Name Copland Design Group, Inc. P06000151644	

DO NOT WRITE IN THIS SPACE

40081765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2008 S.E. Mantua Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7788 Suite, Apt. #, etc.	
City & State Port Saint Lucie, Florida		City & State Port Saint Lucie, Florida	
Zip 34952	Country USA	Zip 34985-778	Country USA

4. FEI Number 71-1018007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Patrick C. McCallum	
Street Address (P.O. Box Number is Not Acceptable)	
2008 S.E. Mantua St.	
City Port Saint Lucie	FL Zip Code 34952

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 _____

<p>January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Laura McCallum 2008 S.E. Mantua Street Port Saint Lucie, Florida 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura McCallum* Laura McCallum **04-21-07** **772-224-9713**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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