


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 251473 1. Entity Name THE COPELAND CO., INC.	
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Principal Place of Business 6820 BENJAMIN RD 9 TAMPA, FL 33634 US	Mailing Address P.O. BOX 23493 TAMPA, FL 33623 US
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04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0947237	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTHRIE, HUGH 6820 BENJAMIN RD STE 9 TAMPA, FL 33634

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUTHRIE, JEWEL 14604 LOMA AVE BROOKSVILLE, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO GUTHRIE, HUGH 14604 LOMA AVE BROOKSVILLE, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTHRIE, HUGH 14604 LOMA AVE BROOKSVILLE, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUTERA, MARISA 6624 JENNIFER DR TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000536785
05/08/06-80107-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Marisa Butera Marisa Butera VP 4/24/06 8138828707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #