


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 579865 1. Entity Name COPLIN U.S.A., INC.	
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Principal Place of Business 45 YORK STREET LONDON, ONTARIO CANADA, XX	Mailing Address 45 YORK STREET LONDON, ONTARIO CANADA, XX
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DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0043123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, ROBERT B
860 US HIGHWAY ONE
N PALM BEACH, FL 33408

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD COPP, BRAYL 45 YORK ST LONDON, ONT CAN 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, DIANNE 45 YORK ST. LONDON, ONT CAN,
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04/20/07-80044-012 150.00

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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: *Dianne M. Scott* DIANNE M. SCOTT APRIL 5, 2007 519 679 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #