
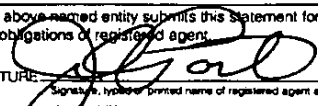
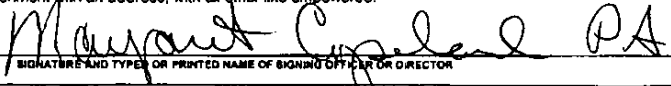


**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90208 037 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000100380</b>		
1. Entity Name <b>MARGARET COPELAND P.A.</b>		
Principal Place of Business <b>15264 REDHEAD AVE PORT CHARLOTTE, FL 33981 US</b>		Mailing Address <b>15264 REDHEAD AVE APT. 204 PORT CHARLOTTE, FL 33981 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>JOHN PORTER ACCOUNTING, INC. 400 S FEDERAL HWY., STE 404 BOYNTON BEACH, FL 33435</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 renewing) DATE: <b>04/16/07</b>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COPELAND, MARGARET 28 COLONIAL CLUB DR. APT. 204 BOYNTON BEACH, FL 33435	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  PA Date: _____ Daytime Phone: _____		

**66015122**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>82-0563200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	