
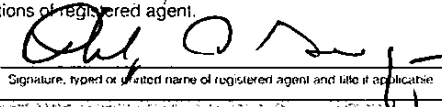


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90058 038 ***150.00

DOCUMENT # P94000070297 1. Entity Name COPELAND REAL ESTATE, INC.					
Principal Place of Business 707 S.E. THIRD AVE. SUITE 101 400 A FT. LAUDERDALE FL 33316				Mailing Address 707 S.E. THIRD AVE. SUITE 101 400 A FT. LAUDERDALE FL 33316	
2. Principal Place of Business 707 S.E. 3rd Avenue Suite, Apt. #, etc. 400 A		3. Mailing Address same Suite, Apt. #, etc. same			
City & State Fort Lauderdale, FL 33316		City & State same			
Zip 33316	Country USA	Zip same	Country same	4. FEI Number 65-0540914	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHAMBLISS, LINDA 707 S.E. THIRD AVE. SUITE 101 400 A FT. LAUDERDALE FL 33316				7. Name and Address of New Registered Agent Name Philip Disque Street Address (P.O. Box Number is Not Acceptable) 707 S.E. 3rd Avenue # 400 City Fort Lauderdale FL 33316	
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  DATE 2/16/2006 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DISQUE, PHILIP A 707 SE 3RD AVE STE 400 FT LAUDERDALE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2006
Date

954-523-2697
Daytime Phone #