

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P98000033684 |  |
| 1. Entity Name NEWSPAPER PUBLISHERS, INC. | |

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|--|--|
| Principal Place of Business 12788 FOREST HILL BLVD STE 1003 WELLINGTON, FL 33414 | Mailing Address 12788 FOREST HILL BLVD. STE. 1003 WELLINGTON, FL 33414 |
|--|--|

DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

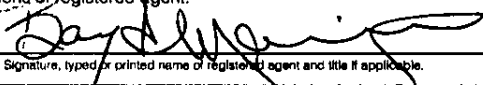
| | |
|---|--|
| 4. FEI Number 65-0835271 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MANNING, PHYLLIS
 1004 ISLAND MANOR DR.
 WEST PALM BEACH, FL 33413**

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:  DATE: **2/13/07**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

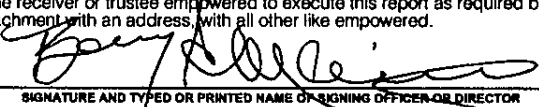
| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANNING, BARRY 12788 FORESTHILL BLVD STE 1003 WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MANNING, PHYLLIS 12788 FOREST HILL BLVD STE 1003 WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MANNING, JOSHUA 12788 FOREST HILL BLVD STE 1003 WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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*Pat 2/17/07
 CLK # 4858*

02/26/07-20034-010 150.00

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:  DATE: **2/13/07** DAYTIME PHONE #: **561-793-7608**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR