


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L67008 1. Entity Name HARPERS PUB OF ST. LUCIE, INC.	
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Principal Place of Business C/O ALBERT L. BROEG, JR. 1744SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952	Mailing Address C/O ALBERT L. BROEG, JR. 1744SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952
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01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0198806	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 BROEG, ALBERT L., JR. 728 S. FEDERAL HWY. STUART, FL 34994
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**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 _____

U00000619434
02/08/07-80074-025 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BROEG, ALBERT L., JR. 728 S. FEDERAL HWY. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROEG, ALBERT L., JR. 728 S. FEDERAL HWY. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATTHEWS, CRAIG 728 S. FEDERAL HWY. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AL Broeg
AL Broeg

2/1/07
2/1/07 772 335 4707