


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000004057

1. Entity Name
QVC ST. LUCIE, INC.



Principal Place of Business
**300 NW PEACOCK BLVD
PORT SAINT LUCIE, FL 34986**

Mailing Address
**1200 WILSON DRIVE
WEST CHESTER, PA 19380**

DO NOT WRITE IN THIS SPACE



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2988393	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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

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	EVPD GRABELL, NEAL S 1200 WILSON DRIVE WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT THOR, GLEN M STUDIO PARK WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HUNTER, JOHN STUDIO PARK WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPO DOWNS, THOMAS STUDIO PARK WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, MICHAEL STUDIO PARK WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HAYES, LAWRENCE R STUDIO PARK WEST CHESTER, PA 19380

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IN THIS SPACE**

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02/22/07-80013-013 150.00

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: Glenn M. Thor **Glenn M. Thor 2-5-07** **484-701-8283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SVP/Treasurer