


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90174 039 ***150.00

DOCUMENT # P95000056789					
1. Entity Name LEARNING RESOURCES, INC.					
Principal Place of Business 2151 ALT A1A, SOUTH SUITE 350 JUPITER, FL 33477 US			Mailing Address 2151 ALT, A1A, SOUTH SUITE 350 JUPITER, FL 33477 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0604496				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			7. Name and Address of New Registered Agent		
MOGIVITT, JOHN M 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401			Name: <u>Domenick R. Lioce</u> Street Address (P.O. Box Number is Not Acceptable): <u>SAME FIRM</u> City: <u>FL</u> Zip Code:		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUGAR, LAWRENCE	NAME			
STREET ADDRESS	137 OLIVERA WAY	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUGAR, AVA B	NAME			
STREET ADDRESS	137 OLIVERA WAY	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Laurence Sugar</u>		Date: <u>4/24/06</u>		Daytime Phone #: <u>561-624-0762</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					