


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90174 001 ***100.00
03-08-2007 90174 002 ****50.00

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| 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 - No P.O. Box # 4600 Military Trail | 3. Mailing Address 4600 Military Trail | |
| Suite, Apt. #, etc. 103 | Suite, Apt. #, etc. 103 | |
| City & State Jupiter | City & State Jupiter | |
| Zip 33458 | Country | Zip 33458 |
| Country | Country | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent |
| LIOCE, DOMENIK R 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP | D SUGAR, LAWRENCE 137 OLIVERA WAY PALM BEACH GARDENS, FL 33418 <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 | D SUGAR, AVA B 137 OLIVERA WAY PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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: <i>Lawrence Sugar</i> | | Date: 3/4/07 Daytime Phone #: 561-624-0762 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> |



01162007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0604496** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required