


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90285 006 \*\*\*150.00

<b>DOCUMENT # P01000065533</b>					
1. Entity Name <b>AMERICAS LEARNING RESOURCE CORP</b>					
Principal Place of Business <b>2884 OAKBROOK DR. WESTON FL 33332 US</b>			Mailing Address <b>2884 OAKBROOK DR. WESTON FL 33332 US</b>		
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 <b>65-1125758</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MAMUD, SHARON 2884 OAKBROOK DR. WESTON FL 33332</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 <u>Sharon M Mamud</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/15/06</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SFC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAMUD, SHARON F		NAME	ALYSHA MAMUD	
STREET ADDRESS	2884 OAKBROOK DR.		STREET ADDRESS	2884 OAKBROOK DRIVE	
CITY-ST-ZIP	WESTON FL 33332		CITY-ST-ZIP	WESTON, FL 33332	
TITLE		<input type="checkbox"/> Delete	TITLE	TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALEX J. MAMUD, JR.	
STREET ADDRESS			STREET ADDRESS	2884 OAKBROOK DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	WESTON, FL 33332	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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>Sharon M Mamud (Sharon Mamud)</u> 4/15/06 9542176950					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					