

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059396

FILED
Feb 17, 2009
Secretary of State

Entity Name: PERCEPTION ADVISORS, INC.

Current Principal Place of Business:

505 S. FLAGLER DR.
SUITE 1450
WEST PALM BEACH, FL 33401

New Principal Place of Business:

300 EL BRILLO WAY
PALM BEACH, FL 33480

Current Mailing Address:

505 S. FLAGLER DR.
SUITE 1001
WEST PALM BEACH, FL 33401

New Mailing Address:

300 EL BRILLO WAY
PALM BEACH, FL 33480

FEI Number: 06-1352973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWQUIST, AILEEN M
300 EL BRILLO WAY
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ECCLES, ROBERT G
Address: 49 PARKER ST
City-St-Zip: LEXINGTON, MA 02421

Title: SD () Delete
Name: NEWQUIST, SCOTT C
Address: 300 EL BRILLO WAY
City-St-Zip: PALM BEACH, FL 33480

Title: V () Delete
Name: ECCLES, ANNE L
Address: 49 PARKER STREET
City-St-Zip: LEXINGTON, MA 02421

Title: V () Delete
Name: NEWQUIST, AILEEN M
Address: 300 EL BRILLO WAY
City-St-Zip: PALM BEACH, FL 33480

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: COHEN, FRED
Address: 8 WASHINGTON PARK
City-St-Zip: MAPLEWOOD, NJ 07040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AILEEN M. NEWQUIST

V

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date