

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059396

FILED
Mar 24, 2010
Secretary of State

Entity Name: PERCEPTION ADVISORS, INC.

Current Principal Place of Business:

300 EL BRILLO WAY
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

300 EL BRILLO WAY
PALM BEACH, FL 33480

New Mailing Address:

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
Name: ECCLES, ROBERT G
Address: 49 PARKER ST
City-St-Zip: LEXINGTON, MA 02421

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

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

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

Title: V
Name: COHEN, FRED
Address: 8 WASHINGTON PARK
City-St-Zip: MAPLEWOOD, NJ 07040

I hereby 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 all other like empowered.

SIGNATURE: AILEEN M. NEWQUIST

V

03/24/2010

Electronic Signature of Signing Officer or Director

_____ Date