

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000059396

**Entity Name:** PERCEPTION ADVISORS, INC.

**Current Principal Place of Business:**

227 AUSTRALIAN AVE. #3E  
PALM BEACH, FL 33480

**Current Mailing Address:**

PO BOX 750  
PALM BEACH, FL 33480 US

**FEI Number: 06-1352973**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NEWQUIST, AILEEN M  
227 AUSTRALIAN AVE.#3E  
PALM BEACH, FL 33480 US

*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

**Officer/Director Detail :**

Title PD  
Name NEWQUIST, SCOTT C  
Address PO BOX 750  
City-State-Zip: PALM BEACH FL 33480

Title SD  
Name NEWQUIST, AILEEN M  
Address PO BOX 750  
City-State-Zip: PALM BEACH FL 33480

*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**

**SECRETARY**

**02/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date