2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68306

Entity Name: PERCEPTION SYSTEMS, INCORPORATED

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8117A NORTHBORO COURT. LAKE CLARKE SHORES, FL 33406

Current Mailing Address: New Mailing Address:

8117A NORTHBORO COURT. LAKE CLARKE SHORES, FL 33406

FEI Number: 59-2164895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAND, DONALD O.

8117A NORTHBORO COURT

8117A NORTHBORO COURT

8117A NORTHBORO COURT

LAKE CLARKE SHORES, FL 33406 US LAKE CLARKE SHORES, FL 33406 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: DONALD O. LAND 02/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LAND, DONALD O, LAND, DONALD O PCT Name: Name: 8117A NORTHBORO COURT 8117A NORTHBORO COURT Address: Address: City-St-Zip: LAKE CLARKE SHORES, FL City-St-Zip: LAKE CLARKE SHORES, FL

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 LAND, BONNIE L.,
 Name:
 LAND, BONNIE L SD

 Address:
 8117A NORTHBORO COURT
 Address:
 8117A NORTHBORO COURT

 City-St-Zip:
 LAKE CLARKE SHORES, FL
 City-St-Zip:
 LAKE CLARKE SHORES, FL

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: DONALD O. LAND PCT 02/18/2009