

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62102

Entity Name: DEPTH PERCEPTION, INC.

FILED
Feb 01, 2006
Secretary of State

Current Principal Place of Business:

202 NORTH OLD DIXIE HWY.
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

202 NORTH OLD DIXIE HWY.
JUPITER, FL 33458

New Mailing Address:

FEI Number: 59-2778893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESS, ARNOLD M., III
202 NORTH OLD DIXIE HWY.
JUPITER, FL 33458 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: D () Delete
Name: HESS, ARNOLD M., III,
Address: 202 N. OLD DIXIE HWY.
City-St-Zip: JUPITER, FL

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HESS, ARNOLD M III
Address: 202 N. OLD DIXIE HWY.
City-St-Zip: JUPITER, FL 33458

Title: TRES () Change (X) Addition
Name: MONCHER, SUSAN M
Address: 202 N OLD DIXIE HWY
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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: ARNOLD M HESS III

D

02/01/2006

Electronic Signature of Signing Officer or Director

_____ Date