2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# K02853

Entity Name: PERCEPTIVE MARKET RESEARCH, INC.

Current Principal Place of Business:

2306 SW 13TH STREET
807
GAINESVILLE, FL 32608 US

New Principal Place of Business:

3615 SW 13TH STREET
SUITE 6
GAINESVILLE, FL 32608 US

Current Mailing Address:

2306 SW 13TH STREET
807
GAINESVILLE, FL 32608 US

New Mailing Address:

3615 SW 13TH STREET
SUITE 6
GAINESVILLE, FL 32608 US

FEI Number: 59-2860022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYONS, ELAINE M.
2610 SW 14TH DRIVE
GAINESVILLE, FL 32608 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LYONS, ELAINE M
Address: 2610 SW 14TH DRIVE
City-St-Zip: GAINESVILLE, FL

Title: VP ( ) Delete
Name: LYONS, KENNETH J.
Address: 9204 SW 31ST LANE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LYONS, ELAINE M
Address: 2610 SW 14TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

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

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: ELAINE M. LYONS DR. 07/03/2007

Electronic Signature of Signing Officer or Director Date