

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000201

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** PRECEPTOR BETA ALPHA INC

**Current Principal Place of Business:**

231 FOXTAIL DR  
UNIT H  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

231 FOXTAIL DR  
UNIT H  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

**FEI Number:** 27-1146924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHRAKE, DEBORAH K  
231 FOXTAIL DR  
UNIT H  
WEST PALM BEACH, FL 33415 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

**OFFICERS AND DIRECTORS:**

**Title:** TR  
**Name:** FLOWERS, REBECCA  
**Address:** 7048 GALLEON COVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418 US

**Title:** P  
**Name:** HIGGINS, JEANNETTE  
**Address:** 2193 FLORDIA MANGO ROAD  
**City-St-Zip:** WEST PALM BEACH, FL 33406 US

**Title:** VP  
**Name:** SHRAKE, DEBORAH K  
**Address:** 231 FOXTAIL DR UNIT H  
**City-St-Zip:** WEST PALM BEACH, FL 33415 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JEANNETTE HIGGINS

P

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date