

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 15, 2011
Secretary of State

DOCUMENT# N10000009584

Entity Name: THE INSTITUTE OF PERCEPTIONISM, INC.**Current Principal Place of Business:**6487 29TH AVENUE NORTH
ST. PETERSBURG, FL 33710 US**New Principal Place of Business:**1 BEACH DRIVE S.E.
2711
ST. PETERSBURG, FL 33701 US**Current Mailing Address:**P.O. BOX 49282
ST. PETERSBURG, FL 33743**New Mailing Address:****FEI Number:** 59-3408755**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BEACH, RICHARD A SR.
6487 29TH AVENUE NORTH
ST. PETERSBURG, FL 33710 US**Name and Address of New Registered Agent:**BEACH, RICHARD A SR.
1 BEACH DRIVE S. E.
2711
ST. PETERSBURG, FL 33701 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:

07/15/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P, T
Name: BEACH, RICHARD A SR.
Address: 1 BEACH DRIVE S.E. #2711
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: D
Name: BEACH, RICHARD A JR.
Address: 39 MEADOWVIEW RD.
City-St-Zip: ASHEVILLE, NC 28804 US

Title: D
Name: BEACH, JOHN R
Address: 5269 WHITE SANDS CIR. N.E.
City-St-Zip: ST. PETERSBURG,, FL 33703 US

Title: D,S
Name: ABELMAN, STEPHEN C
Address: 400 BAY LAUREL CT. N.E.
City-St-Zip: ST. PETERSBURG, FL 33703 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: /RICHARD A. BEACH/

P D

07/15/2011

Electronic Signature of Signing Officer or Director_____
Date