

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072035

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: PERCEPTION PARTNERS, INC.

## Current Principal Place of Business:

505 S FLAGLER DR  
STE 1450  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

505 S FLAGLER DR  
STE 1450  
WEST PALM BEACH, FL 33401

## New Mailing Address:

505 SOUTH FLAGLER DRIVE  
STE 1001  
WEST PALM BEACH, FL 33401

FEI Number: 11-3643164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWQUIST, AILEEN  
300 EL BRILLO WAY  
PALM BEACH, FL 33480 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: C ( ) Delete  
Name: NEWQUIST, SCOTT C  
Address: 505 S FLAGLER DR STE 1450  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P ( ) Delete  
Name: ECCLES, ROBERT  
Address: 505 S FLAGLER DR STE 1450  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S ( ) Delete  
Name: NEWQUIST, AILEEN  
Address: 505 S FLAGLER DR STE 1450  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SCOTT C NEWQUIST

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date