


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 337724
 1. Entity Name
 PEERLESS INSTRUMENT CO., INC.



Principal Place of Business
 2030 COLLIDGE STREET
 HOLLYWOOD, FL 33020

Mailing Address
 2030 COLLIDGE STREET
 HOLLYWOOD, FL 33020



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 11-2206206

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRADY, ROBERT T
 4151 NW 10TH STREET
 COCONUT CREEK, FL 33066

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000472223
 03/29/06-80028-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADY, ROBERT T 271 NW 42ND AVE COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OGRODOWSKI, RICHARD 23334 WATER CIRCLE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIPPIELLO, DANIEL 4111 CORAL TREE CIRCLE #324 COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 3/14/06 Daytime Phone #: 954-921-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR