2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 337724

Entity Name: PEERLESS INSTRUMENT CO., INC.

FILED Apr 07, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2030 COLLIDGE STREET HOLLYWOOD, FL 33020

Current Mailing Address: New Mailing Address:

2030 COLLIDGE STREET HOLLYWOOD, FL 33020

FEI Number: 11-2206206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BRADY, ROBERT T BILL T. SMITH, JR., PA 980 N FEDERAL HIGHWAY 4151 NW 10TH STREET COCONUT CREEK, FL 33066 US SUITE 402

BOCA RATON, FL, FL 33432 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: RONDA D. GLUCK, ESQ 04/07/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BRADY, ROBER T. BRADY, ROBER T, Name: Name: 271 NW 42ND AVE 4151 NW 10TH STREET Address: Address:

City-St-Zip: COCONUT CREEK, FL City-St-Zip: COCONUT CREEK, FL 33066

Title: VΡ Title: (X) Change () Addition () Delete OGRODOWSKI, RICHARD OGRODOWSKI, PATRICIA Name: Name:

23334 WATER CIRCLE 23334 WATER CIRCLE Address: Address: BOCA RATON, FL 33486 BOCA RATON, FL 33486 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: LIPPIELLO, DANIEL BRADY, THOMAS P Name: Name:

4111 CORAL TREE CIRCLE #324 2030 COOLIDGE STREET Address: Address: City-St-Zip: COCONUT CREEK, FL City-St-Zip: HOLLYWOOD, FL 33020

Title: () Delete Title: () Change (X) Addition

OGRODOWSKI, PATRICIA Name: Name: Address: Address: 2333 WATER CIRCLE City-St-Zip: City-St-Zip: BOCA RATON, FL 33486

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: ROBERT T. BRADY PD 04/07/2008