## <sup>2005</sup> FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 31, 2005 08:00 AM **DOCUMENT # P03000079572 Secretary of State** 1. Entity Name PEERLESS SOLUTIONS INC. Mailing Address Principal Place of Business 8375 IBIS COVE CIRCLE 8375 IBIS COVE CIRCLE NAPLES, FL 34119 NAPLES, FL 34119 CR2E034 (10/03) 01212005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2380605 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RIVERA, LUIS 8375 IBIS COVE CIRCLE NAPLES, FL 34119 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. T/000000205041 TITLE 01/31/05-80027-013 150.00 RIVERA, LUIS NAME STREET ADDRESS 8375 IBIS COVE CIRCLE NAPLES, FL 34119 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Q) 1/28/05631.265,3810

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