
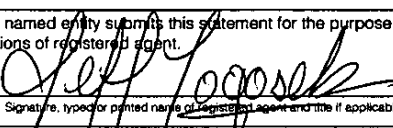
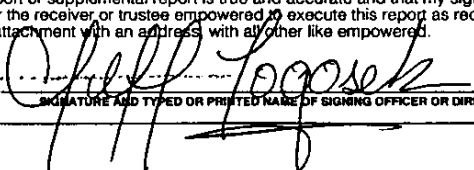


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90093 044 \*\*\*150.00

<b>DOCUMENT # P03000140902</b> 1. Entity Name <b>PEERLESS SOFTWARE INC.</b>					
Principal Place of Business <b>3956 TOWN CENTER BLVD. PMB 201 ORLANDO, FL 32837</b>			Mailing Address <b>3956 TOWN CENTER BLVD. PMB 201 ORLANDO, FL 32837</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>56-2422179</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NOGOSEK, JEFF 13489 FALCON POINTE DR. ORLANDO, FL 32837</b>				7. Name and Address of New Registered Agent Name <b>Jeff Nogosek</b> Street Address (P.O. Box Number is Not Acceptable) <b>3133 Hanging Moss Cr.</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34741</b>	
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: 				<b>Resident</b>	
(NOTE: Registered Agent signature required when reinstating)				DATE: <b>04/20/05</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NOGOSEK, JEFF</b> <b>13489 FALCON POINTE DR.</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Jeff Nogosek</b> <b>3133 Hanging Moss Cr.</b> <b>Kissimmee, FL 34741</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>INMAN, SHARMIAN</b> <b>13489 FALCON POINTE DR.</b> <b>ORLANDO, FL 32837</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GREENE, ROBERTA</b> <b>13513 FALCON POINTE DR.</b> <b>ORLANDO, FL 32837</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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: 				DATE: <b>04/20/05</b> DAYTIME PHONE #: <b>407-497-3620</b>	