

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092135

FILED
Mar 03, 2009
Secretary of State

Entity Name: PEERLESS INVESTIGATIONS CORPORATION

Current Principal Place of Business:

4577 SW 26 TERRACE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

4577 SW 26 TERRACE
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 20-5200417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALWANT CHEEMA, P.A.
4160 WEST 16TH AVE
309
HIALEAH, FL 33012 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: P () Delete
Name: CLANCY, DIANE
Address: 4577 SW 26 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: T () Delete
Name: CLANCY, DIANE
Address: 4577 SW 26 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP () Delete
Name: SCHILLING, JULENE
Address: 4577 SW 26 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S () Delete
Name: SCHILLING, JULENE
Address: 4577 SW 26 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

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:

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: JULENE SCHILLING

VP

03/03/2009

Electronic Signature of Signing Officer or Director

Date