

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056520

Entity Name: PEERS CONSULTING, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

4506 SW 1ST PLACE  
CAPE CORAL, FL 33914

## New Principal Place of Business:

4506 SW 1ST PLACE  
CAPE CORAL, FL 33914 US

## Current Mailing Address:

6371-4 PRESIDENTIAL CT  
FORT MYERS, FL 33919

## New Mailing Address:

6371-4 PRESIDENTIAL CT  
FORT MYERS, FL 33919 US

FEI Number: 65-0845017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RICCIANI, MATHIS & JESSEN, CPAS  
6371-4 PRESIDENTIAL CT.  
FT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

MATHIS, JESSEN & CO., CPAS  
6371-4 PRESIDENTIAL CT.  
FT MYERS, FL 33919 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: ANDREW JESSEN

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CORDES, ERICH H  
Address: 4506 SW 1ST PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Delete  
Name: CORDES, PETRA I  
Address: 4506 SW 1ST PLACE  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CORDES, PETRA I  
Address: MARIENSTR. 1, #160  
City-St-Zip: NEU ULM / GERMANY, GE 89231 GE

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: PETRA I CORDES

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date