

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001040

FILED
Jan 06, 2009
Secretary of State

Entity Name: OPENPEAK INC.

Current Principal Place of Business:

5355 TOWN CENTER ROAD
SUITE 301
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

5355 TOWN CENTER ROAD
SUITE 301
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 30-0017778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/D () Delete
Name: GITTLEMAN, DANIEL
Address: 5355 TOWN CENTER ROAD, SUITE 301
City-St-Zip: BOCA RATON, FL 33486 US

Title: V/D () Delete
Name: KWON, HOWARD
Address: 5355 TOWN CENTER ROAD, SUITE 301
City-St-Zip: BOCA RATON, FL 33486 US

Title: V () Delete
Name: KRZYZANOWSKI, PAUL
Address: 5355 TOWN CENTER ROAD, SUITE 301
City-St-Zip: BOCA RATON, FL 33486 US

Title: V () Delete
Name: AIELLO, ANDY
Address: 5355 TOWN CENTER ROAD, SUITE 301
City-St-Zip: BOCA RATON, FL 33486 US

Title: V () Delete
Name: WOODS, BRIAN
Address: 5355 TOWN CENTER ROAD, SUITE 301
City-St-Zip: BOCA RATON, FL 33486 US

Title: T () Delete
Name: PIKUS, PATRICIA
Address: 212 CARNEGIE CENTER, SUITE 206
City-St-Zip: PRINCETON, NJ 08540 US

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
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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: HOWARD A. KWON

VP

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date