

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004801

Entity Name: PEERAPP (US), INC.

FILED  
Jun 26, 2009  
Secretary of State

**Current Principal Place of Business:**

375 ELIOT ST. SUITE 150K  
NEWTON UPPER FALLS, MA 02464

**New Principal Place of Business:**

375 ELIOT ST.  
SUITE 150K  
NEWTON UPPER FALLS, MA 02464

**Current Mailing Address:**

375 ELIOT ST. SUITE 150K  
NEWTON UPPER FALLS, MA 02464

**New Mailing Address:**

375 ELIOT ST.  
SUITE 150K  
NEWTON UPPER FALLS, MA 02464

FEI Number: 20-2827844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: MAYER, ROBERT  
Address: 375 ELIOT STREET, STE 150K  
City-St-Zip: NEWTON UPPER FALLS, MA 02464

Title: CFOD ( ) Delete  
Name: HAZAN, YOSSI  
Address: 375 ELIOT STREET STE 150K  
City-St-Zip: NEWTON UPPER FALLS, MA 02464

Title: VPD ( ) Delete  
Name: CHILDS, FRANK  
Address: 375 ELIOT STREET, STE 150K  
City-St-Zip: NEWTON UPPER FALLS, MA 02464

**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:

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: YOSSI HAZAN

CFOD

06/26/2009

Electronic Signature of Signing Officer or Director

Date