

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed b

subject to a penalty fee of \$25.0	v.		- , ,		i шw (к.1,G.L. /-1.2-1501(с
1. Corporate ID No.	2. Name of Co	rporation		ч	
135503	Go Sol	o Technologies, Inc.			
3. Street Address Principal Busi	ness Office		City	State	Zip
10701 Danka Way No	orth	Suite 100	Saint Petersburg	FL	33716
4. Business Phone No. 5. State of Incorporation		T Otor Bb drg		133/10	
727-821-6565		FL			
6. Brief Description of the Chan	acter of Business Condi	ucted in Rhode Island	**	——————————————————————————————————————	
Unified Communication	ons Service Pro	vider			
7. NAMES AND ADDRES	SSES OF THE OFF	TICERS: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPA	ACES BEFORE USIN	G ATTACHMENTS
			Vice President Name		
Mason Conner					
Street Address		-	Street Address		
0701 Danka Way North Suite 100		Suite 100			
City	State	Zip	City	State	Zip
Saint Petersburg Secretary Name	JFL	<u> </u>			1
			Treasurer Name		· · · · · · · · · · · · · · · · · · ·
Michael A. Richard Street Address			Michael A. Richard		
			Street Address		· · · · · · · · · · · · · · · · · · ·
10701 Danka Way North Suite 100			10701 Danka Way North Suite 100		
<i>сю</i> Saint Petersburg	State FL	Zip	City	State	Zip
		33716	Saint Petersburg	FL	33716
Director Name	SES OF THE DIK	ECTORS: ("X" BOX FOR ATT	ACHMENT) T FILL IN SI	PACES BEFORE USI	NG ATTACHMENTS
Mason Conner			Director Name		
Street Address			Michael A. Richard		
10701 Danka Way No	rth	Suite 400			
City	State	Suite 100	10701 Danka Way Nor		Suite 100
Saint Petersburg	Fı	33716	i *	State	Zip
Virector Name			Saint Petersburg	FL	33716
		•	Direcum Name		
Street Address			Street Address		
			STORY TIME (CO)		
ity .	State	Zip	City	State	226
	İ			C. DCERPE	Ζip
. SHARES AUTHORIZED	· ·	•	10. SHARES ISSUED (")	 X" BOX FOR ATTAC	 CHMENT) (¬
			ISSUED SHARES — THIS SECTION	N MUST BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			Number of Shares	Class/Series	Par Value
				Annual Services	rar vanue
nstruction sheet.	·g/		100	CWP	.001
					

File Date FILE
Check No. FEB 0 1 2010
By: 34 676
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements herein are true and cor Form 630 Rev. 08/08