

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 115854 Collaboration Technologies, Inc. 3. Street Address Principal Business Office State 138 Laurel Ridge Lane RI 02852 North Kingstown 6 SIC Code 4. Business Phone No. 5. State of Incorporation 7872 401-295-7161 Rhode IsaInd 7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the design, development, marketing, sales and distribution of computer and computer related President Name Vice President Name Joshua Trainer · David Buckley Street Address Street Address 138 Laurel Ridge Lane . 43 Cole Drive City State ŻΙρ Sate Zip North Kingstown RI 02852 North Kingstown RI 02852 Secretary Name Treasurer Name Joshua Trainer Joshua Trainer Street Address Street Address 138 Laurel Ridge Lane .138 Laurel Ridge Lane City State Zip 02852 North Kingstown RI 02852 . North Kingstown RI Director Name Director Name Joshua Trainer David Buckley .Street Address Street Address 43 Cole Drive 138 Laurel Ridge Lane State Zip State Zip. 02852 North Kingstown RI 02852 North Kingstown RI Director Name Director Name None. None. Street Address -Street Address State Lity Zip State **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 NO PAR VALUE Common no par 100 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date 8/3//01	
Check No. 175	
Br. Am	
FOR SCRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Stengtede of Officer Joshua Trainer

Print or Type Name of Officer

President Title of Officer

Form 630 12/01

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3. Street Address Principal Bust	ness Office	·	City	State	Ζip	
138 Laurel Ridge	Lane		North Kingstown	RI	02852	
1. Business Phone No.		5. State of Incorporat	ion		6. SIC Code	
401-295-7161		Rhode Island			7872	
7. Brief Description of the Character of Business Conducted in Rhode Island						
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President Name			Vice President Name			
Joshua Trainer			.David Buckley			
Street Address			Street Address			
138 Laurel Ridge	Lane		.43 Cole Drive			
City	State	Ζφ	City	State	Zip	
North Kingstown	RI	02852	North Kingstown	RI	02852	
Joshua Trainer			Joshua Trainer			
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			Director Name			
Joshua Trainer			David Buckley			
Street Address		Street Address				
138 Laurel Ridge	Lane		:43 Cole Drive			
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Director Name			Director Name			
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		— do 111.20 0	Joshua Train	·		
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FOR SECRETARY OF STATE USE ONLY

President

Form 630 12/01



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138 LAUREL RIDGE			NORTH KINGSTOWN	RI	02852-
4. Business Phone No.		5 State of Incorporation		AND THE STATE OF T	6. SIC Code
		RHODE ISLAND			7872
7. Brief Description of the Cha	racter of Business (•			Communication and the communication
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Joshua Trainer			Joshua Trainer		
Street Address			Sireei Address		
138 Laurel Ridge	Lane		. 138 Laurel Ridge	Lane	
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North Kingstown	RI	02852	North Kingstown	RI	02852
lecretary Núme			Treasurer Name		
Joshua Trainer			Joshua Trainet		
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138 Laurel Ridge		,.,,.,	138 Laurel Ridge		
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Director Name	saes or the t	TRECTORS ("A" BUN FORAL	Director Name	Ceaderone von	ICA) IACINICA (S
Joshua Trainer					
Street Address			-Street Address		
138 Laurel Ridge			·		
City	State	Zip	City:	State	Zip
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Enrector Name			Director Name		
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Čių	State	,Zip	City	State	Zip
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10. SHARES AUTHORU	LED CXTBOXF	OR ATTACHMENT)	II. SHARES ISSUED ("X" B	OX FOR ATTACHM	ENT)
AUTHORIZED SHARES			ISSUED SHARES		
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This report must be sigi	ned in ink by e	ither the President, Vice Pro	isident, Secretary, Assistar	it Secretary, Tre	asurer, Receiver or truste
		II (88)			
+ 1 1	5 8 5 4	# #	Under penalty of perjury		
			this report, including an		
115854 DBC3/7/034	:54:4 <u>3</u> PM		and that all statements of	contained herein are	true and correct.
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Check No. 109			Joshua Traine	r	
1/1/			Print or Type Name of Off		
$B_{\underline{U}}$			President		
FOR SECRETARY OF STAT	E USE ONLY		Title of Officer		Form 630 12/
		1	and of village		COOK GOO CEN

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335

401-222-3040



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(FORM MUST BE TYPED IN BE	LACK)				
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4. Rusiness Phone No. 5. State of Incorporation				6. SIC Code	
7. Brief Description of the Charact Design and		Rhode I: ************************************			7872
8. NAMES AND ADDRE President Name Joshua Tra		CERS ("X" BOX FOR ATTA	CHMENT) FILLIN SPACE Vice President Name David M. C	s before using attac	CHMENTS
Street Address 138 Laure	l Ridge Land	e	Street Address	arack Cr.	
^{cio} N. Kingstown	State RI	^{Z(p} 02852	^{Cllγ} Ν. Kingsto	own State RI	^{zıp} 02852
Secretary Name		**** * * *	Treasurer Name		•
Josua Traino	er		David M. Street Address	Campanella	
138 Laurel N. Kingstown	Ridge Lane RI	^{21p} 02852	47 Tama cuy N. Kingst	irack Cr. State	zıp 02852
9. NAMES AND ADDRE Director Name	SSES OF THE DIRE		TACHMENT) FILL IN SPA	CES BEFORE USING ATT	
Joshua Tra:	iner			Campanella	
Street Address 138 Laurel	Ridge Lane		Street Address . 47 Tama	arack Cr.	
City N. Kingstown Director Name	State RI	zip 02852	N. Kingsto	State	21p 02852
Street Address			Street Address		
City	State	ZIp	City	State	Zip
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:	3-82-02	
Check No.:	d445	
Ву:	BMF	
FOR SECRETARY	OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Joshua Trainer, President

Print or Type Name of Officer

Title of Officer