

1.) CORPORATION NAME: **WINGS OF THE DAWN INTERNATIONAL INSTITUTE** DUE DATE: **12/31/2014**

FORCHILDREN SCC ID NO: **04770038**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **J PETER BAUMGARTEN**
6108 LORIELLA PARK DR
FREDERICKSBURG, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
SPOTSYLVANIA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 112 DIAMOND ROSE DR
CITY/ST/ZIP: BURLESON, TX 76028

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ADE OTENAIKE TITLE: PRESIDENT ADDRESS: 112 DIAMOND ROSE DR CITY/ST/ZIP/CO: FORT WORTH, TX 76028	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RICHARD GIBERSON TITLE: DIRECTOR ADDRESS: 4005 KELSEY COURT CITY/ST/ZIP/CO: GRAPEVINE, TX 76051	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CARRIE HUNTER TITLE: DIRECTOR ADDRESS: 15328 FALCON BRIDGE TERRACE CITY/ST/ZIP/CO: NORTH POTOMAC, MD 20878	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ANDREW LEE TITLE: DIRECTOR ADDRESS: 6006 HAVERSHAW DR CITY/ST/ZIP/CO: BOWIE, MD 20720	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ADE OTENAIKE	ADE OTENAIKE, PRESIDENT	2/27/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.