

1.) CORPORATION NAME: <b>HOME &amp; HEART HEALTH, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>PAMELA MACE-MURRAY          HOME &amp; HEART HEALTH INC          211 PARK HILL DR STE B            FREDERICKSBURG, VA 22401</b>	DUE DATE: <b>1/31/2013</b> SCC ID NO: <b>04777744</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>4,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	4,000
CLASS	AUTHORIZED				
COMMON	4,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FREDERICKSBURG CITY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 211 PARK HILL DR., STE B CITY/ST/ZIP: FREDERICKSBURG, VA 22401
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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: KAYE D PEGELOW TITLE: CEO/S ADDRESS: 169 BROOKE ROAD CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: PAMELA MACE-MURRAY TITLE: CFO/COO ADDRESS: 22 STABLESIDE LANE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input checked="" 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/ KAYE D PEGELOW	KAYE D PEGELOW, CEO/S	12/21/2012
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.