

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213526541		
1.) CORPORATION NAME: <b>Sona MedSpa International, Inc.</b>		DUE DATE: <b>7/31/2013</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>C T CORPORATION SYSTEM          4701 COX ROAD          SUITE 301           GLEN ALLEN, VA</b>		SCC ID NO: <b>04880522</b>  5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>				
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 10710 SIKES PLACE STE 120  CITY/ST/ZIP: CHARLOTTE, NC 28277				
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: BYRON ASHBRIDGE TITLE: CO-CEO ADDRESS: 10710 SIKES PLACE CITY/ST/ZIP/CO: CHARLOTTE, NC 28277	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: JOE PITT JR TITLE: CO-CEO ADDRESS: 10710 SIKES PLACE STE 120 CITY/ST/ZIP/CO: CHARLOTTE, NC 28277	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
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/ BYRON ASHBRIDGE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BYRON ASHBRIDGE, CO-CEO PRINTED NAME AND CORPORATE TITLE	6/5/2013 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.				