

1.) CORPORATION NAME:

Hospice Angel Airlines

DUE DATE: **12/31/2011**

SCC ID NO: **04944641**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
RAMONA CURRIE
4620 HAYGOOD RD STE 1
VIRGINIA BEACH, VA 23455**

5.) STOCK INFORMATION

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

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4620 HAYGOOD RD STE 1

CITY/ST/ZIP: VIRGINIA BEACH, VA 23455-

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: STEPHEN PATTERSON
TITLE: CHAIRMAN
ADDRESS: 8304 NORTH VIEW BLVD.
CITY/ST/ZIP/CO: NORFOLK, VA 23518-

OFFICER

DIRECTOR

NAME: WAYNE RHODES
TITLE: SECRETARY
ADDRESS: 817 SALT MEADOW BAY ARCH
#115
CITY/ST/ZIP/CO: VA. BEACH, VA 23451-

OFFICER

DIRECTOR

NAME: CAROL BOYER
TITLE: TREASURER
ADDRESS: 1280 LASKIN ROAD #401
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451-

OFFICER

DIRECTOR

NAME: LINDA H JOHNSON
TITLE: ASST TREASURER
ADDRESS: 3313 WEEPING WILLOW LANE
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23453-

OFFICER

DIRECTOR

NAME: JOANIE CORKRUM
TITLE: ASST SECRETARY
ADDRESS: 1109 EWELL ROAD
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455-

OFFICER

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.

<u>/s/ JOANIE CORKRUM</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOANIE CORKRUM, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>10/25/2011</u> DATE
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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.