

1.) CORPORATION NAME: **BREAD AND WATER FOR AFRICA, INC.** DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **PAUL KRIZEK** SCC ID NO: **04963195**

**2550 HUNTINGTON AVE STE 200
ALEXANDRIA, VA 22303**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2550 HUNTINGTON AVE STE 200
 CITY/ST/ZIP: ALEXANDRIA, VA 22303

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: EUGENE L. KRIZEK TITLE: PRESIDENT ADDRESS: 2550 HUNTINGTON AVE., STE. 200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETHELHEM TESSEMA TITLE: EXEC DIRECTOR ADDRESS: 2550 HUNTINGTON AVENUE, STE 200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PAUL E. KRIZEK, ESQ TITLE: VICE PRESIDENT ADDRESS: 2550 HUNTINGTON AVENUE, STE 200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CLYDE B. RICHARDSON TITLE: TREASURER ADDRESS: 2550 HUNTINGTON AVE., STE. 200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES J. O'BRIEN, ESQ TITLE: CHAIRMAN ADDRESS: 2550 HUNTINGTON AVENUE, STE 200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRYAN L. KRIZEK TITLE: CEO ADDRESS: 2550 HUNTINGTON AVENUE, STE 200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NISHA SINGH SECRETARY 2550 HUNTINGTON AVE., STE. 200 ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERRILL "KATSI COOK" BARREIRO DIRECTOR 2550 HUNTINGTON AVE., STE. 200 ALEXANDRIA, VA 22303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EMIL HER MANY HORSES DIRECTOR 2550 HUNTINGTON AVE., STE. 200 ALEXANDRIA, VA 22303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J. HISEL, JR. DIRECTOR 2550 HUNTINGTON AVE., STE. 200 ALEXANDRIA, VA 22303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REV. CHARLES T. HOLLIDAY DIRECTOR 2550 HUNTINGTON AVENUE, STE 200 ALEXANDRIA, VA 22303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK STITELY, CPA DIRECTOR 2550 HUNTINGTON AVENUE, STE 200 ALEXANDRIA, VA 22303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRACY KELSO, MSW DIRECTOR 2550 HUNTINGTON AVENUE, STE 200 ALEXANDRIA, VA 22303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M. O'BRIEN DIRECTOR 2550 HUNTINGTON AVENUE, STE 200 ALEXANDRIA, VA 22303	<input 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/ PAUL E. KRIZEK, ESQ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL E. KRIZEK, ESQ, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/24/2013 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.			