

1.) CORPORATION NAME:

Romania Reborn

DUE DATE: **7/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
JEANNE M DOMENECH
1908 GROVE AVE
RICHMOND, VA 23220**

SCC ID NO: **05062237**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 2027

CITY/ST/ZIP: PURCELLVILLE, VA 20134-

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: JAYME L METZGAR
TITLE: PRESIDENT
ADDRESS: PO BOX 461
CITY/ST/ZIP/CO: HARPERS FERRY, WV 25425-

OFFICER

DIRECTOR

NAME: AVIEL MICKAHAIL
TITLE: PRESIDENT
ADDRESS: 332 DEERPATH AVE, SW
CITY/ST/ZIP/CO: LEESBURG, VA 20175-

OFFICER

DIRECTOR

NAME: JEANNE M DOMENECH
TITLE: TREASURER
ADDRESS: 1908 GROVE AVE
CITY/ST/ZIP/CO: RICHMOND, VA 23220-

OFFICER

DIRECTOR

NAME: MICHAEL P FARRIS ESQ
TITLE: COB
ADDRESS: 37545 CHAPPELLE HILL RD
CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-

OFFICER

DIRECTOR

NAME: STEVE ESSEX
TITLE: DIRECTOR
ADDRESS: 18199 BARROW KNOLL LANE
CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-

OFFICER

DIRECTOR

NAME: AARON FESSLER TITLE: DIRECTOR ADDRESS: 3 BURNETT ROAD CITY/ST/ZIP/CO: MENDHAM, NJ 07945-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD LOTHROP TITLE: DIRECTOR ADDRESS: 7854 BICENTENNIAL PLACE CITY/ST/ZIP/CO: CINCINNATI, OH 45249-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT MOTTICE TITLE: DIRECTOR ADDRESS: P.O. BOX 1538 CITY/ST/ZIP/CO: LEESBURG, VA 20177-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DORI SCHELHAMMER TITLE: DIRECTOR ADDRESS: 6874 SONOMA CITY/ST/ZIP/CO: IRVING, TX 75039-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOSHUA CARDEN TITLE: DIRECTOR ADDRESS: P.O. BOX 1940 CITY/ST/ZIP/CO: WEATHERFORD, TX 76086-	<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/ JEANNE M DOMENECH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEANNE M DOMENECH, TREASURER PRINTED NAME AND CORPORATE TITLE
8/14/2011 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.	