

1.) CORPORATION NAME:

DUE DATE: **7/31/2012**

Romania Reborn

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05062237**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAYME L METZGAR	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 461	
CITY/ST/ZIP/CO:	HARPERS FERRY, WV 25425	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	AVIEL MICKAHAIL	
TITLE:	PRESIDENT	
ADDRESS:	332 DEERPATH AVE, SW	
CITY/ST/ZIP/CO:	LEESBURG, VA 20175	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JEANNE M DOMENECH	
TITLE:	TREASURER	
ADDRESS:	1908 GROVE AVE	
CITY/ST/ZIP/CO:	RICHMOND, VA 23220	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL P FARRIS ESQ	
TITLE:	COB	
ADDRESS:	37545 CHAPPELLE HILL RD	
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132	

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON FESSLER DIRECTOR 3 BURNETT ROAD MENDHAM, NJ 07945	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD LOTHROP DIRECTOR 7854 BICENTENNIAL PLACE CINCINNATI, OH 45249	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT MOTTICE DIRECTOR P.O. BOX 1538 LEESBURG, VA 20177	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DORI SCHELHAMMER DIRECTOR 6874 SONOMA IRVING, TX 75039	<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	7/9/2012 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.			