

1.) CORPORATION NAME: <b>Amelon Early Learning Center, Inc.</b>	DUE DATE: <b>6/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BERNICE M MOORE 142 TROJAN RD MADISON HEIGHTS, VA</b>	SCC ID NO: <b>05424346</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>AMHERST COUNTY</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> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 621 DILLARD ROAD  CITY/ST/ZIP: MADISON HEIGHTS, VA 24572	
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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: FRANK WEST SR TITLE: DIRECTOR ADDRESS: PO BOX 211 CITY/ST/ZIP/CO: MADISON HEIGHTS, VA 24572	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: Bernice M Moore TITLE: PRESIDENT ADDRESS: P.O.Box 211 CITY/ST/ZIP/CO: Madison Heights, VA 24572	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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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/ Bernice M Moore	Bernice M Moore,	6/16/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.