

1.) CORPORATION NAME: Teardrops to Rainbows	DUE DATE: 5/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LOIS A LYONS 12440 CASBEER DR FAIRFAX, VA	SCC ID NO: 05775184
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 12440 CASBEER DRIVE CITY/ST/ZIP: FAIRFAX, VA 22033	
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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: LOIS LYONS TITLE: PRESIDENT ADDRESS: 12440 CASBEER DRIVE CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JENNIFER YANG TITLE: VP/SEC ADDRESS: 6449 GERARD COURT CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: KATHLEEN FERRIS TITLE: ASST SEC ADDRESS: 13400 RUNNING PUMP CT CITY/ST/ZIP/CO: OAK HILL, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: KATHY DOMINGUEZ TITLE: TREASURER ADDRESS: 3275 WILLOW GLEN DRIVE CITY/ST/ZIP/CO: OAK HILL, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: KEN BARTEE TITLE: COB ADDRESS: 12807 ROSE GROVE DR CITY/ST/ZIP/CO: OAK HILL, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input 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/ LOIS LYONS	LOIS LYONS, PRESIDENT	5/5/2014
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.