

1.) CORPORATION NAME: COUNTER EFFECTS, INC.	DUE DATE: 7/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATHANIEL M COLLIER III 110-B NORFOLK AVE COLONIAL HEIGHTS, VA 23834	SCC ID NO: 05812573				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: COLONIAL HEIGHTS CITY	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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 656 CITY/ST/ZIP: CHESTERFIELD, VA 23832	
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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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY L ELKO TITLE: PRESIDENT ADDRESS: PO BOX 656 CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH B ELKO TITLE: SECRETARY ADDRESS: 20201 TALON POINT CT CITY/ST/ZIP/CO: SOUTH CHESTERFIELD, VA 23803		

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/ JOSEPH B ELKO	JOSEPH B ELKO, SECRETARY	7/11/2012
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.