

1.) CORPORATION NAME: **Truth Transformation Ministries, Inc.** DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **DR RODERICK S HAWTHORNE** SCC ID NO: **05817887**

**5106 BROOKSTONE WAY  
SUFFOLK, VA 23435**

5.) STOCK INFORMATION  
CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**SUFFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3268 South Military Hwy.  
CITY/ST/ZIP: CHESAPEAKE, VA 23323

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: SHARON E FOSTER TITLE: OFFICER ADDRESS: P O BOX 61923 CITY/ST/ZIP/CO: VA BEACH, VA 23466	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CRYSTAL W HAWTHORNE TITLE: OFFICER ADDRESS: P O BOX 9001 CITY/ST/ZIP/CO: CHESAPEAKE, VA 23321	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CHERYL SMITH JAMES TITLE: OFFICER ADDRESS: 716 HANCOCK AVE CITY/ST/ZIP/CO: PORTSMOUTH, VA 23701	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DR RODERICK S HAWTHORNE TITLE: DIRECTOR ADDRESS: 5106 BROOKSTONE WAY CITY/ST/ZIP/CO: SUFFOLK, VA 23485	<input type="checkbox"/> OFFICER	<input checked="" 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/ DR RODERICK S HAWTHORNE	DR RODERICK S HAWTHORNE,	12/29/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.