

1.) CORPORATION NAME: ALW Home Improvements Incorporated	DUE DATE: 10/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM MICHAEL JONES 6704 EMPORIA CT SPRINGFIELD, VA 22152	SCC ID NO: 05859210				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: VA	<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				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6704 EMPORIA CT

CITY/ST/ZIP: SPRINGFIELD, VA 22152

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: WILLIAM MICHAEL JONES		
TITLE: PRESIDENT		
ADDRESS: 6704 EMPORIA CT		
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LEEANN CLAIRE JONES		
TITLE: SECRETARY		
ADDRESS: 6704 EMPORIA CT		
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152		

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/ WILLIAM MICHAEL JONES	WILLIAM MICHAEL JONES, PRESIDENT	10/30/2012
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.