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| 1.) CORPORATION NAME: Sara's Mentoring Center, Inc. | DUE DATE: 3/31/2015 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VB BUSINESS SERVICES LLC 500 WORLD TRADE CENTER NORFOLK, VA | SCC ID NO: 05938394 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 517 CENTRAL DRIVE

CITY/ST/ZIP: VIRGINIA BEACH, VA 23454

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.

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|------------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: WILLIAM CARROLL | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: 517 CENTRAL DRIVE | | | | |
| CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454 | | | | |

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|------------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: DEBRA E LOUDERMILK | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT | | | | |
| ADDRESS: 517 CENTRAL DRIVE | | | | |
| CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454 | | | | |

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|------------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: VICKIE L CARROLL | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER | | | | |
| ADDRESS: 517 CENTRAL DRIVE | | | | |
| CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454 | | | | |

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|------------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: SARA M CARROLL | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 517 CENTRAL DRIVE | | | | |
| CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454 | | | | |

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|------------------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: CRISTI M HARGRAVE | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 3332 DAYTONA DRIVE | | | | |
| CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452 | | | | |

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.

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|-----------------------------------------------------|----------------------------------|----------|
| /s/ WILLIAM CARROLL | WILLIAM CARROLL, PRESIDENT | 3/4/2015 |
| 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.