

1.) CORPORATION NAME: The Bowen Consulting Group, Inc.	DUE DATE: 6/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THOMAS MAYBERRY 67 MASTERS MILL CT STAFFORD, VA	SCC ID NO: 06389373
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: STAFFORD COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 10 CENTER ST SUITE 101 CITY/ST/ZIP: STAFFORD, VA 22556	
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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: DEBORAH MAYBERRY	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 10 CENTER ST SUITE 101				
CITY/ST/ZIP/CO: STAFFORD, VA 22556				

NAME: ANNA JONES	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 10 CENTER ST SUITE 103				
CITY/ST/ZIP/CO: STAFFORD, VA 22556				

NAME: THOMAS MAYBERRY	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: CEO/CFO/S				
ADDRESS: 10 CENTER ST SUITE 101				
CITY/ST/ZIP/CO: STAFFORD, VA 22556				

NAME: TOM BAKER	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 10 CENTER ST SUITE 103				
CITY/ST/ZIP/CO: STAFFORD, VA 22556				

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/ THOMAS MAYBERRY	THOMAS MAYBERRY, CEO/CFO/S	6/28/2013
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.