

1.) CORPORATION NAME:

Nuestros Pequeños Hermanos International

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

GAMMON & GRANGE PC

8280 GREENSBORO DR 7TH FL

MCLEAN, VA 22102

DUE DATE: **4/30/2011**

SCC ID NO: **06568760**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8507 ASHGROVE PLANTATION CIR

CITY/ST/ZIP: VIENNA, VA 22182-

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:	PHILIP C CLEARY			
TITLE:	PRESIDENT			
ADDRESS:	APARTADO POSTAL 333			
	62000 CUERNAVACA MORELOS MEXICO			
CITY/ST/ZIP/CO:	, -,			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOHN C SMITH			
TITLE:	SECRETARY			
ADDRESS:	1555 EDGCUMBE ROAD			
CITY/ST/ZIP/CO:	ST PAUL, MN 55116-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	HEIKO SEEGER			
TITLE:	DIRECTOR			
ADDRESS:	TULLASTR. 66			
CITY/ST/ZIP/CO:	KARLSRUHE, 76131-, GERMANY			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	STEFAN FEUERSTEIN			
TITLE:	DIRECTOR			
ADDRESS:	APDO POSTAL 3223			
CITY/ST/ZIP/CO:	TEGUCIGALPA, D.C. -, HONDURAS			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	FR TOM BELLEQUE			
TITLE:	DIRECTOR			
ADDRESS:	133 156TH AVE			
CITY/ST/ZIP/CO:	BELLEVUE, VA -			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAIRE TOPP DIRECTOR DORSEY&WHITNEY 50 S. 6TH ST MINNEAPOLIS, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON SAXELBY DIRECTOR 134 N. LASALLE ST CHICAGO, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN IBERLE VICE PRESIDENT 1108 OAK ST WINNETKA, IL 60093-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY KRAFFT MOYER TREASURER 8201 J DAVID LN MECHANICSVILLE, VA 23111-	<input checked="" 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/ NANCY KRAFFT MOYER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NANCY KRAFFT MOYER, TREASURER PRINTED NAME AND CORPORATE TITLE	3/24/2011 DATE
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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.