

1.) CORPORATION NAME: A TASTE OF THE ISLANDS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JULIETTE SYKES 12214 HAMPTON VALLEY TERRACE CHESTERFIELD, VA 23832	DUE DATE: 8/31/2012 SCC ID NO: 06633887 5.) STOCK INFORMATION <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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12214 HAMPTON VALLEY TERRACE

CITY/ST/ZIP: CHESTERFIELD, VA 23832

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: JULIETTE R SYKES TITLE: P/T ADDRESS: 12214 HAMPTON VALLEY TERR CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT C SYKES TITLE: VP/S ADDRESS: 12214 HAMPTON VALLEY TERR CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832		

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/ JULIETTE R SYKES	JULIETTE R SYKES, P/T	9/16/2012
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.