

1.) CORPORATION NAME:

Kimberly Grant Consulting, Inc.

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
KIMBERLY ANN GRANT
1209 NORVELL HOUSE CT
LYNCHBURG, VA 24503**

SCC ID NO: **06677298**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LYNCHBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1209 NORVELL HOUSE CT

CITY/ST/ZIP: LYNCHBURG, VA 24503-

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: MARTHA FILSON
 TITLE: PRESIDENT
 ADDRESS: 4114 MORNINGSIDE DR.
 CITY/ST/ZIP/CO: LYNCHBURG, VA 24503-

OFFICER

DIRECTOR

NAME: KIMBERLY ANN GRANT
 TITLE: TREASURER
 ADDRESS: 1209 NORVELL HOUSE CT
 CITY/ST/ZIP/CO: LYNCHBURG, VA 24503-

OFFICER

DIRECTOR

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/ KIMBERLY ANN GRANT
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

KIMBERLY ANN GRANT,
TREASURER
PRINTED NAME AND CORPORATE TITLE

11/30/2011

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.