

1.) CORPORATION NAME:

Life Circle Alliances, Inc.

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

SCC ID NO: **06678064**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
GERALD W HOPKINS
10317 LYNNHAVEN PL
OAKTON, VA 22124**

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: 4031 UNIVERSITY DRIVE
STE 303

CITY/ST/ZIP: FAIRFAX, VA 22030-

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: MICHAEL M BEHRMANN
TITLE: PRESIDENT
ADDRESS: 4909 SHADOW VALLEY DRIVE
CITY/ST/ZIP/CO: FAIRFAX, VA 22030-

OFFICER

DIRECTOR

NAME: KAY LARMER
TITLE: VICE PRESIDENT
ADDRESS: 1125 BROOK VALLEY LANE
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER

DIRECTOR

NAME: BRENT DEROBERTIS
TITLE: SECRETARY
ADDRESS: 1801 RESTON AVE #200
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: KAREN BROWN
TITLE: DIRECTOR
ADDRESS: 2318 CREEK DRIVE
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22308-

OFFICER

DIRECTOR

NAME: CRAIG HUNTER
TITLE: TREASURER
ADDRESS: 21178 WILDFLOWER SQUARE
CITY/ST/ZIP/CO: ASHBURN, VA 20147-

OFFICER

DIRECTOR

NAME: DREW GILLESPIE TITLE: DIRECTOR ADDRESS: 525 E. BELLEFONTE AVE. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22301-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KATE HANLEY TITLE: DIRECTOR ADDRESS: 11776 STRATFORD HOUSE PLACE UNIT 1109 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: VERDIA HAYWOOD TITLE: DIRECTOR ADDRESS: 2701 VERILY COURT CITY/ST/ZIP/CO: OAKTON, VA 22124-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KEVIN SHANER TITLE: DIRECTOR ADDRESS: 2113 HUTCHISON GROVE COURT CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES THUR TITLE: DIRECTOR ADDRESS: 10701 PAYNES CHURCH DR. CITY/ST/ZIP/CO: FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HUNG NGUYEN TITLE: DIRECTOR ADDRESS: 13300 HOLLINGER AVE. CITY/ST/ZIP/CO: FAIRFAX, VA 22033-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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.		
<u>/s/ KAY LARMER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KAY LARMER, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>12/8/2011</u> 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.		