

1.) CORPORATION NAME:

**VetFed Resources, Inc.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALFRED GIAMBONE  
2034 EISENHOWER AVE.  
SUITE 270**

SCC ID NO: **06955199**

**ALEXANDRIA, VA 22314**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	175,000
COMB	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2034 EISENHOWER AVE.  
STE 270

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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 PATRICK MULLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3701 S GEORGE MASON DR		
CITY/ST/ZIP/CO:	SUITE 1907N FALLS CHURCH, VA 22401		

NAME:	ALFRED GIAMBONE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Pres,CEO,Tres		
ADDRESS:	12904 CHAPARRAL DR		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		

NAME:	EDWARD MARTIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	5309 NORTH 1ST PL		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	NANCY ADAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1920 SOUTH OCEAN DRIVE APT 1611		
CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33316		

NAME:	RONALD BLANCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	613 BAY STREET		
CITY/ST/ZIP/CO:	FENWICK ISLAND, DE 19944		

NAME:	FRED PANG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1314 NORWOOD STREET SOUTH		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		

NAME: Mary Ann Mayhew TITLE: COO ADDRESS: 42 Island Edge Drive CITY/ST/ZIP/CO: Ocean City, MD 21842	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Doug Burke TITLE: DIRECTOR ADDRESS: 4679 Torrey Circle Drive CITY/ST/ZIP/CO: Apt. D106 San Diego, CA 92130	<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.		
/s/ MICHAEL PATRICK MULLEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL PATRICK MULLEN, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/27/2012 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.		