

1.) CORPORATION NAME:

**Divine Concept Group**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ERICKA WARD  
24 ST JOHNS DR  
HAMPTON, VA 23666**

SCC ID NO: **07005093**

5.) STOCK INFORMATION

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

**HAMPTON CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 24 ST. JOHNS DRIVE

CITY/ST/ZIP: HAMPTON, VA 23666

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:	ERICKA WARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/PRESIDENT		
ADDRESS:	24 ST JOHNS DR		
CITY/ST/ZIP/CO:	HAMPTON, VA 23666		
NAME:	SHARON L MENZIES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/VP		
ADDRESS:	303 CHARITY LN		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23602		
NAME:	DAVANNA DAVIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/TREASURER		
ADDRESS:	1008 ROWE ST		
CITY/ST/ZIP/CO:	HAMPTON, VA 23669		
NAME:	LATANYA BLANTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR/SEAR		
ADDRESS:	P O BOX 7635		
CITY/ST/ZIP/CO:	HAMPTON, VA 23666		
NAME:	DEBORAH COVINGTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/SECRETARY		
ADDRESS:	40 ST JOHNS DR		
CITY/ST/ZIP/CO:	HAMPTON, VA 23666		
NAME:	Stephanie Barnes	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	219 W. Gilbert Street		
CITY/ST/ZIP/CO:	Hampton, VA 23669		

NAME: Geneva Carter TITLE: DIRECTOR ADDRESS: 43 Clayton Drive CITY/ST/ZIP/CO: Hampton, VA 23669	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Belinda Washington TITLE: DIRECTOR ADDRESS: 366 Lincoln Street- Apt 1 CITY/ST/ZIP/CO: Hampton, VA 23669	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Treena Mann TITLE: DIRECTOR ADDRESS: 115 East Pembroke Ave CITY/ST/ZIP/CO: Apartment 29 Hampton, VA 23669	<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/ ERICKA WARD	ERICKA WARD, DIR/PRESIDENT	8/21/2012
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.		