

1.) CORPORATION NAME: **Angel Airlines for PTSD Recovery** DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **JAMES SMITH** SCC ID NO: **07110513**

**4620 HAYGOOD RD STE 1  
VIRGINIA BEACH, VA**

5.) STOCK INFORMATION  

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4620 HAYGOOD RD STE 1  
 CITY/ST/ZIP: VIRGINIA BEACH, VA 23455

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:           | MAGGIE FITZPATRICK                          |  |
| TITLE:          | SECRETARY                                   |  |
| ADDRESS:        | PO BOX 109                                  |  |
| CITY/ST/ZIP/CO: | GRANTHAM, PA 17027                          |  |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | ROYAL KRAMER                                |  |
| TITLE:          | TREASURER                                   |  |
| ADDRESS:        | 2208 SPRING RUN DRIVE                       |  |
| CITY/ST/ZIP/CO: | MECHANICSBURG, PA 17055                     |  |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | LINDA H JOHNSON                             |                                   |
| TITLE:          | ASST TREASURER                              |                                   |
| ADDRESS:        | 3313 WEEPING WILLOW LN.                     |                                   |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23453                    |                                   |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | CHIP HILBORN                                |  |
| TITLE:          | CHAIRMAN                                    |  |
| ADDRESS:        | 4838 CANDOR DR                              |  |
| CITY/ST/ZIP/CO: | CHESAPEAKE, VA 23321                        |  |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | JOANIE CORKRUM                              |                                   |
| TITLE:          | ASST SECRETARY                              |                                   |
| ADDRESS:        | 1109 EWELL ROAD                             |                                   |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23455                    |                                   |

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/ MAGGIE FITZPATRICK                              | MAGGIE FITZPATRICK,                           | 4/28/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY<br>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.