

1.) CORPORATION NAME:

Hawksbill Hope, Inc.

DUE DATE: **9/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

TODD RIMKUS

10064 LOBLOLLY TRAIL

MANASSAS, VA 20110

SCC ID NO: **07136682**

5.) STOCK INFORMATION

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

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10064 LOBLOLLY TRAIL

CITY/ST/ZIP: MANASSAS, VA 20110-

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: TODD RIMKUS
TITLE: PRESIDENT
ADDRESS: 10064 LOBLOLLY TRAIL
CITY/ST/ZIP/CO: MANASSAS, VA 20110-

OFFICER

DIRECTOR

NAME: ASHLEY DOMER
TITLE: VICE PRESIDENT
ADDRESS: 10064 LOBLOLLY TRAIL
CITY/ST/ZIP/CO: MANASSAS, VA 20110-

OFFICER

DIRECTOR

NAME: PAYAM HEIRATY
TITLE: TREASURER
ADDRESS: 10064 LOBLOLLY TRAIL
CITY/ST/ZIP/CO: MANASSAS, VA 20110-

OFFICER

DIRECTOR

NAME: SHAMIRA CRAWFORD
TITLE: SECRETARY
ADDRESS: 10064 LOBLOLLY TRAIL
CITY/ST/ZIP/CO: MANASSAS, VA 20110-

OFFICER

DIRECTOR

NAME: NANCY BAILEY
TITLE: DIRECTOR
ADDRESS: 10064 LOBLOLLY TRAIL
CITY/ST/ZIP/CO: MANASSAS, VA 20110-

OFFICER

DIRECTOR

NAME: JENNIFER WHITEREE TITLE: DIRECTOR ADDRESS: 10064 LOBLOLLY TRAIL CITY/ST/ZIP/CO: MANASSAS, VA 20110-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NEUSA FACENDA TITLE: DIRECTOR ADDRESS: 10064 LOBLOLLY TRAIL CITY/ST/ZIP/CO: MANASSAS, VA 20110-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LUZ HUNTER TITLE: DIRECTOR ADDRESS: 10064 LOBLOLLY TRAIL CITY/ST/ZIP/CO: MANASSAS, VA 20110-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SHAZIA KHATTAK TITLE: DIRECTOR ADDRESS: 10064 LOBLOLLY TRAIL CITY/ST/ZIP/CO: MANASSAS, VA 20110-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JANELLE SCOTT TITLE: DIRECTOR ADDRESS: 10064 LOBLOLLY TRAIL CITY/ST/ZIP/CO: MANASSAS, VA 20110-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CASANDRA CONTI TITLE: DIRECTOR ADDRESS: 10064 LOBLOLLY TRAIL CITY/ST/ZIP/CO: MANASSAS, VA 20110-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EILEEN JIMENEZ TITLE: DIRECTOR ADDRESS: 10064 LOBLOLLY TRAIL CITY/ST/ZIP/CO: MANASSAS, VA 20110-	<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/ TODD RIMKUS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TODD RIMKUS, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
10/12/2010 _____ 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.	