

1.) CORPORATION NAME: Quality Lives Inc.	DUE DATE: 9/30/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT PURCELL SHELTON JR 3044 THREE CHOPT RD GUM SPRING, VA	SCC ID NO: 07137821
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUISA COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3044 THREE CHOPT RD

CITY/ST/ZIP: GUM SPRING, VA 23065

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: AMEL SHABAN SHELTON	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: NONE GIVEN				
CITY/ST/ZIP/CO: *, VA				
NAME: ROBERT PURCELL SHELTON JR	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: NONE GIVEN				
CITY/ST/ZIP/CO: *, VA				
NAME: FRANK SHORT	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIR				
ADDRESS: NONE GIVEN				
CITY/ST/ZIP/CO: N/A, VA				
NAME: LYNDEN WALLACE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIR				
ADDRESS: NONE GIVEN				
CITY/ST/ZIP/CO: X, VA				

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/ ROBERT PURCELL SHELTON JR	ROBERT PURCELL SHELTON JR, DIRECTOR	10/26/2014
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.