

1.) CORPORATION NAME:

YourTurn, Inc.

DUE DATE: **4/30/2011**

SCC ID NO: **07217565**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
TRAVIS C VALENTINE
900 N STUART ST #1009
ARLINGTON, VA 22203**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 900 N STUART STREET, #1009

CITY/ST/ZIP: ARLINGTON, VA 22203-

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: ROB KELLER
TITLE: DIRECTOR
ADDRESS: 120 BELLEVUE RD.
CITY/ST/ZIP/CO: WATERTOWN, MA 02472-

OFFICER DIRECTOR

NAME: TRAVIS C VALENTINE
TITLE: PRESIDENT
ADDRESS: 900 NORTH STUART ST
#1009
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER DIRECTOR

NAME: COREY CALLAHAN
TITLE: DIRECTOR
ADDRESS: 8190 STRAWBERRY LN
APT 513
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042-

OFFICER DIRECTOR

NAME: CLIFF MASSA III
TITLE: DIRECTOR
ADDRESS: 1935 FRANKLIN AVE
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER 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/ TRAVIS C VALENTINE
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

TRAVIS C VALENTINE,
PRESIDENT
PRINTED NAME AND CORPORATE
TITLE

4/19/2011

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.