

1.) CORPORATION NAME: **The International Association of Women MartialArts** DUE DATE: **6/30/2012**

Instructors SCC ID NO: **07250335**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **KERRY S KILBURN**
924 ST ANDREWS REACH APT C
CHESAPEAKE, VA 23320

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 924 SAINT ANDREWS REACH
APT. C

CITY/ST/ZIP: CHESAPEAKE, VA 23320

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: KERRY S KILBURN TITLE: ADMIN DIRECTOR ADDRESS: 924 SAINT ANDREWS REACH APT. C CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ZOSIA GORBATY TITLE: DIRECTOR ADDRESS: 67-64 FLEET STREET CITY/ST/ZIP/CO: FOREST HILLS, NY 11375	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KERRY S KILBURN TITLE: DIRECTOR ADDRESS: 924 SAINT ANDREWS REACH APT C CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ KERRY S KILBURN	KERRY S KILBURN, ADMIN DIRECTOR	6/22/2012
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.