

1.) CORPORATION NAME: Teaching Hands Learning Academy	DUE DATE: 10/31/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOYCE SIMMONS 5607 ERICH CT RICHMOND, VA 23225	SCC ID NO: 07287444
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5607 ERICH COURT

CITY/ST/ZIP: RICHMOND, VA 23225

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: DORIS FARRAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: SECRETARY		
ADDRESS: 1005 FAYE STREET		
CITY/ST/ZIP/CO: RICHMOND, VA 23225		

NAME: JOYCE SIMMONS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 5607 ERICH COURT		
CITY/ST/ZIP/CO: RICHMOND, VA 23225		

NAME: Carolyn Rose	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: VICE PRESIDENT		
ADDRESS: 5300 Vintner Drive #201-5		
CITY/ST/ZIP/CO: Richmond, VA 23234		

NAME: Richard Carter	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: TREASURER		
ADDRESS: 704 Chinaberry Drive #206		
CITY/ST/ZIP/CO: Richmond, VA 23225		

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/ JOYCE SIMMONS	JOYCE SIMMONS, DIRECTOR	1/11/2013
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.