

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215517264
1.) CORPORATION NAME: <b>Project Infusion Inc.</b>		DUE DATE: <b>4/30/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>TINA VERNA MURRAY 10185 BENS WAY MANASSAS, VA</b>		SCC ID NO: <b>07358740</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>MANASSAS CITY (FILED IN PRINCE WILLIAM COUNTY)</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 9299 Thornwood Lane  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: TINA VERNA MURRAY TITLE: PRESIDENT ADDRESS: 10185 BENS WAY CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT WEAVER TITLE: VICE PRESIDENT ADDRESS: 8833 LANE SCOTT CT CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBYN JOHNSON TITLE: SECRETARY ADDRESS: 10365 BUTTERNUT CIRCLE CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input 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/ TINA VERNA MURRAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TINA VERNA MURRAY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/30/2015 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.		