

1.) CORPORATION NAME:

Fear 2 Freedom, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RENE R BOWDITCH
112 MEADOW RUE CT
WILLIAMSBURG, VA 23185**

SCC ID NO: **07368236**

5.) STOCK INFORMATION

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

JAMES CITY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1205 RIVERSIDE DRIVE

CITY/ST/ZIP: NEWPORT NEWS, VA 23606

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:	RENE BOWDITCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	112 MEADOW RUE COURT		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	CAROL DOWNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	116 THOMAS CARTWRIGHT		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	CAROL HINES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	344 CHURCHILL CIRCLE		
CITY/ST/ZIP/CO:	WHITE STONE, VA 22578		

NAME:	GREGORY SIMMONS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2413 18TH PLACE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20020		

NAME:	LINDA SLATTERY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1600 MADDUX LANE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		

NAME:	RAYMOND SOUDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5388 DISCOVERY PARK BLVD. #203		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME: ROSEMARY TRIBLE TITLE: PRESIDENT ADDRESS: 1205 RIVERSIDE DRIVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GREG WEST TITLE: DIRECTOR ADDRESS: 6408 YORKSHIRE DRIVE CITY/ST/ZIP/CO: SUFFOLK, VA 23435-3054	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ALAN WITT TITLE: TREASURER ADDRESS: 701 TOWN CENTER DRIVE #900 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606	<input checked="" 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/ RENE BOWDITCH	RENE BOWDITCH, DIRECTOR	4/18/2012
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.