

1.) CORPORATION NAME: <b>Sisters G.I.F.T. Inc.(Sisters Giving Insight &amp;Fighting Together)</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>KIM A CARPENTER 10805 COBBLESTONE DR SPOTSYLVANIA, VA 22553</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>SPOTSYLVANIA COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>6/30/2012</b> SCC ID NO: <b>07386378</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 10805 Cobblestone Dr CITY/ST/ZIP: Spotsylvania, VA 22553
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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: KIM A. CARPENTER TITLE: DIRECTOR ADDRESS: 10805 COBBLESTONE DR. CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Kim A Carpenter TITLE: PRESIDENT ADDRESS: 10805 Cobblestone Dr CITY/ST/ZIP/CO: Spotsylvania, VA 22553	<input checked="" type="checkbox"/> OFFICER	<input 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/ KIM A. CARPENTER	KIM A. CARPENTER, DIRECTOR	6/26/2012
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.