

1.) CORPORATION NAME:

Giant Hearts Giant Dog Rescue, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KRISTIN MICHELLE WHIDBY
39225 CHARLES TOWN PIKE
HAMILTON, VA 20158**

SCC ID NO: **07392384**

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 39225 Charles Town Pike

CITY/ST/ZIP: Hamilton, VA 20158

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: Kristin Michelle Whidby TITLE: TREASURER ADDRESS: 39225 CHARLES TOWN PIKE CITY/ST/ZIP/CO: HAMILTON, VA 20158	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHANIE EMPSON TITLE: DIRECTOR ADDRESS: 2012 OAK LEAF LANE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ASHLEY HANKINS TITLE: SECRETARY ADDRESS: 10919 DEERFIELD DRIVE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22407	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES MANTER TITLE: DIRECTOR ADDRESS: 1832 BRANCHWOOD STREET CITY/ST/ZIP/CO: NORFOLK, VA 23518	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATRINA MANTER TITLE: PRESIDENT ADDRESS: 1832 BRANCHWOOD STREET CITY/ST/ZIP/CO: NORFOLK, VA 23518	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Alyce Oxtan TITLE: VICE PRESIDENT ADDRESS: 4500 Miles Avenue CITY/ST/ZIP/CO: Suffolk, VA 23435	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Chad Oxton TITLE: DIRECTOR ADDRESS: 4500 Miles Avenue CITY/ST/ZIP/CO: Suffolk, VA 23435	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Tyler Whidby TITLE: DIRECTOR ADDRESS: 39225 Charles Town Pike CITY/ST/ZIP/CO: Hamilton, VA 20158	<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/ Kristin Michelle Whidby SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Kristin Michelle Whidby, TREASURER PRINTED NAME AND CORPORATE TITLE	5/23/2012 DATE
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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.