

1.) CORPORATION NAME: <b>Love You Real Hard, Inc.</b>	DUE DATE: <b>2/28/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LISA THEREZ STORR 3807 NEEDLES PLACE ALEXANDRIA, VA</b>	SCC ID NO: <b>07474984</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX 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: 3807 Needles Place

CITY/ST/ZIP: Alexandria, VA 22309

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: LISA STORR TITLE: DIRECTOR ADDRESS: 3807 NEEDLES PLACE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lisa T. Storr TITLE: PRESIDENT ADDRESS: Post Office Box 8152 CITY/ST/ZIP/CO: Alexandria, VA 22309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Christopher M Cole TITLE: VICE PRESIDENT ADDRESS: Post Office Box 8152 CITY/ST/ZIP/CO: Alexandria, VA 22309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Devin M Cole TITLE: VICE PRESIDENT ADDRESS: Post Office Box 8152 CITY/ST/ZIP/CO: Alexandria, VA 22309	<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/ LISA STORR	LISA STORR, DIRECTOR	5/31/2013
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.