

1.) CORPORATION NAME: Capitol Health and Wellness Corp.	DUE DATE: 4/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ALBERT BRUCE THOMAS II 11079 PELHAM MANOR PL RESTON, VA	SCC ID NO: 07506710				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	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> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED				
COMMON	25,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 11079 Pelham Manor Pl CITY/ST/ZIP: RESTON, VA 20194	
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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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ALBERT BRUCE THOMAS II TITLE: PRESIDENT ADDRESS: PO BOX 651062 CITY/ST/ZIP/CO: STERLING, VA 20165		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALBERT BRUCE THOMAS II TITLE: DIRECTOR ADDRESS: 11990 MARKET STREET UNIT 1112 CITY/ST/ZIP/CO: RESTON, VA 20190		

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/ ALBERT BRUCE THOMAS II	ALBERT BRUCE THOMAS II,	11/5/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.