

1.) CORPORATION NAME: <b>Coles Point Partnership Inc.</b>	DUE DATE: <b>6/7/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>TROY C CLAYTON 4605 MOUNT VERNON MEMORIAL HWY ALEXANDRIA, VA</b>	SCC ID NO: <b>07602469</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: 4605 MOUNT VERNON MEMORIAL HWY CITY/ST/ZIP: ALEXANDRIA, VA 22309	
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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 checked="" type="checkbox"/> DIRECTOR
NAME: TROY C CLAYTON		
TITLE: PRESIDENT		
ADDRESS: 4605 MOUNT VERNON MEMORIAL HWY		
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMY MOORE		
TITLE: SECRETARY		
ADDRESS: 307 PLANTATION DRIVE		
CITY/ST/ZIP/CO: COLES POINT, VA 22442		

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/ TROY C CLAYTON	TROY C CLAYTON, PRESIDENT	6/7/2013
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.