

1.) CORPORATION NAME: <b>Passion Workz, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>UNITED STATES CORPORATION AGENTS INC          1900 CAMPUS COMMONS DRIVE STE 100          RESTON, VA</b>	DUE DATE: <b>4/30/2015</b>  SCC ID NO: <b>07637911</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		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>			
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 425 NORTH BOUNDARY ST BOX 1202  CITY/ST/ZIP: WILLIAMSBURG, VA 23187
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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: TODD E PETTIFORD TITLE: OFFICER ADDRESS: NONE GIVEN CITY/ST/ZIP/CO: *, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: LETIZIA GAMBRELL-BOONE TITLE: DIRECTOR ADDRESS: 125 NORTH BOUNDARY STREET PO BOX 1202 CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23187	<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/ LETIZIA GAMBRELL-BOONE	LETIZIA GAMBRELL-BOONE,	8/6/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.