

1.) CORPORATION NAME: HEALING HEARTS MINISTRIES	DUE DATE: 7/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ALEXENIA LATRELLE BAKER 4312 OLD HUNDRED ROAD CHESTER, VA	SCC ID NO: 07669021
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 4312 OLD HUNDRED ROAD CITY/ST/ZIP: CHESTER, VA 23831	
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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: COREY BAKER				
TITLE: PRESIDENT				
ADDRESS: 263 E. BROADWAY AVENUE				
CITY/ST/ZIP/CO: HOPEWELL, VA 23860				

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ALEXENIA LATRELLE BAKER				
TITLE: DIRECTOR				
ADDRESS: 263 E. BROADWAY AVENUE				
CITY/ST/ZIP/CO: HOPEWELL, VA 23860				

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/ ALEXENIA LATRELLE BAKER	ALEXENIA LATRELLE BAKER, DIRECTOR	9/18/2015
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.