

| | |
|--|---|
| 1.) CORPORATION NAME: Annette's Angels, inc. | DUE DATE: 10/31/2014 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: UNITED STATES CORPORATION AGENTS INC 1900 CAMPUS COMMONS DRIVE STE 100 RESTON, VA | SCC ID NO: 07703168 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5107 Misty Spring Dr
CITY/ST/ZIP: Midlothian, VA 23112

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: ANTOINETTE COLANTUONI | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: 5107 MISTY SPRING CT | | |
| CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112 | | |

| | | |
|--------------------------------------|----------------------------------|--|
| NAME: JOSEPH COLANTUONI JR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: 5107 MISTY SPRING CT | | |
| CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112 | | |

| | | |
|--------------------------------------|----------------------------------|--|
| NAME: JOSEPH COLANTUONI SR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: 5107 MISTY SPRING CT | | |
| CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112 | | |

| | | |
|--------------------------------------|----------------------------------|--|
| NAME: CHAD DUMLAP | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: 5107 MISTY SPRING CT | | |
| CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112 | | |

| | | |
|--------------------------------------|----------------------------------|--|
| NAME: AMANDA DUNLAP | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: 5107 MISTY SPRING CT | | |
| CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112 | | |

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/ AMANDA DUNLAP | AMANDA DUNLAP, DIRECTOR | 10/8/2014 |
| 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.