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|---|---|
| 1.) CORPORATION NAME:<br><b>Faith Foundation Fellowship</b>   | DUE DATE: <b>8/31/2012</b>  |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>KENDALL HUDSON<br/>3332 KILLIAN AVE<br/>PORTSMOUTH, VA 23704</b> | SCC ID NO: <b>F1639089</b>  |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>PORTSMOUTH CITY</b>   | 5.) STOCK INFORMATION<br>CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>RI</b>   |   |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3332 Killian Avenue

CITY/ST/ZIP: PORTSMOUTH, VA 23704

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: LINDA LEE HUDSON               |   |                                   |
| TITLE: PRESIDENT                     |   |                                   |
| ADDRESS: 3332 KILLIAN AVE            |   |                                   |
| CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704 |   |                                   |

|                                      |   |                                   |
|--------------------------------------|---|-----------------------------------|
|                                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: WADE FRANCIA                   |   |                                   |
| TITLE: TREASURER                     |   |                                   |
| ADDRESS: 3332 KILLIAN AVE            |   |                                   |
| CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704 |   |                                   |

|                                   |                                  |  |
|-----------------------------------|----------------------------------|--|
|                                   | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: SHYIL FLEMING               |                                  |  |
| TITLE: DIRECTOR                   |                                  |  |
| ADDRESS: 920 KENTON AVE           |                                  |  |
| CITY/ST/ZIP/CO: NORFOLK, VA 23405 |                                  |  |

|                                      |                                  |  |
|--------------------------------------|----------------------------------|--|
|                                      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: SHARALYN LEE                   |                                  |  |
| TITLE: DIRECTOR                      |                                  |  |
| ADDRESS: 3332 KILLIAN AVE            |                                  |  |
| CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704 |                                  |  |

|                                   |                                  |  |
|-----------------------------------|----------------------------------|--|
|                                   | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL RODGERS             |                                  |  |
| TITLE: DIRECTOR                   |                                  |  |
| ADDRESS: 306 LINDEN AVE           |                                  |  |
| CITY/ST/ZIP/CO: SUFFOLK, VA 23434 |                                  |  |

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/ LINDA LEE HUDSON                                | LINDA LEE HUDSON, PRESIDENT      | 8/30/2012 |
| 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.