

1.) CORPORATION NAME:

Space Adventures LTD.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1699455**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8245 BOONE BOULEVARD
SUITE 570

CITY/ST/ZIP: VIENNA, VA 22182

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:	TOM SHELLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8245 BOONE BOULEVARD SUITE 570 VIENNA, VA 22182		
CITY/ST/ZIP/CO:			
NAME:	MICHAEL J HENKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8245 BOONE BOULEVARD SUITE 570 VIENNA, VA 22182		
CITY/ST/ZIP/CO:			
NAME:	KARLYN RADER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8245 BOONE BOULEVARD SUITE 570 VIENNA, VA 22182		
CITY/ST/ZIP/CO:			
NAME:	ERIC C ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFF/DIR/EXEC D		
ADDRESS:	8245 BOONE BOULEVARD SUITE 570 VIENNA, VA 22182		
CITY/ST/ZIP/CO:			
NAME:	PETER DIAMANDIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8245 BOONE BOULEVARD SUITE 570 VIENNA, VA 22182		
CITY/ST/ZIP/CO:			

NAME: RICHARD GARRIOTT TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TOBY JACKSON TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW LAMPERT TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL MCDOWELL TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALBERTO VASQUEZ TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT WALKER TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ KARLYN RADER	KARLYN RADER, TREASURER	2/15/2013
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.		