

1.) CORPORATION NAME:

AdvancePath Academics, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN MURRAY
460 MCLAWS CIR
STE 110**

SCC ID NO: **F1703190**

WILLIAMSBURG, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	39,000,000
PREFER	29,800,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WILLIAMSBURG CITY (FILED IN JAMES CITY COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4125 Ironbound Road
Suite 201

CITY/ST/ZIP: WILLIAMSBURG, VA 23188

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:	JOHN MURRAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO/DIR		
ADDRESS:	4125 Ironbound Road Suite 201		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	TINSLEY GOAD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4125 Ironbound Road Ste 201		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	WADE DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4125 Ironbound Road Suite 201		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	CLEMENT ERBMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4125 Ironbound Road Suite 201		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	SONIA HERNANDEZ-RODRIGUEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4125 Ironbound Road Suite 201		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME: TOM VANDER ARK TITLE: DIRECTOR ADDRESS: 4125 Ironbound Road Suite 201 CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Keith Fox TITLE: DIRECTOR ADDRESS: 4125 Ironbound Road Suite 201 CITY/ST/ZIP/CO: Williamsburg, VA 23188	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Susan O TITLE: DIRECTOR ADDRESS: 4125 Ironbound Road Suite 201 CITY/ST/ZIP/CO: Williamsburg, VA 23188	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Sam Drew TITLE: DIRECTOR ADDRESS: 4125 Ironbound Road Suite 201 CITY/ST/ZIP/CO: Williamsburg, VA 23188	<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/ TINSLEY GOAD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TINSLEY GOAD, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/28/2014 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.		