

1.) CORPORATION NAME: Pro-Rehab Construction, Inc.	DUE DATE: 1/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JANNA WILES 1836 LIBERTY HILL RD FRIES, VA 24330	SCC ID NO: F1847039				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: GRAYSON COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED				
COMMON	25,000				
4.) STATE OR COUNTRY OF INCORPORATION: NC					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1120-B Old Greensboro Rd CITY/ST/ZIP: Kernersville, NC 27284	
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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.

NAME: JAMISON PEARMAN TITLE: PRESIDENT ADDRESS: 1120 B OLD GREENSBORO ROAD CITY/ST/ZIP/CO: KERNERSVILLE, NC 27284	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JARRETT PEARMAN TITLE: VICE PRESIDENT ADDRESS: 1120 B OLD GREENSBORO ROAD CITY/ST/ZIP/CO: KERNERSVILLE, NC 27284	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: JANNA WILES TITLE: DIRECTOR ADDRESS: 1836 LIBERTY HILL ROAD CITY/ST/ZIP/CO: FRIES, VA 24330	<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/ JAMISON PEARMAN	JAMISON PEARMAN, PRESIDENT	5/22/2012
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.