

1.) CORPORATION NAME: <b>PAYROLL MANAGEMENT INC. OF DELAWARE</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY          BANK OF AMERICA CTR 16TH FL          1111 E MAIN ST          RICHMOND, VA 23219</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	DUE DATE: <b>9/30/2012</b> SCC ID NO: <b>F1872268</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,500
CLASS	AUTHORIZED				
COMMON	1,500				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 348 Miracle Strip Pkwy Suite 39  CITY/ST/ZIP: Fort Walton Beach , FL 32548
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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.
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NAME: DC MICKLE TITLE: PRESIDENT ADDRESS: 348 MIRACLE STRIP PKWY Suite 39 CITY/ST/ZIP/CO: FT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: CHERIE M FUZZELL TITLE: DIRECTOR ADDRESS: 348 MIRACLE STRIP PKWY CITY/ST/ZIP/CO: FT WALTON BEACH, FL 32548	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: SUSAN W MEYER TITLE: DIRECTOR ADDRESS: 348 MIRACLE STRIP PKWY CITY/ST/ZIP/CO: FT WALTON BEACH, FL 32548	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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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/ DC MICKLE	DC MICKLE, PRESIDENT	7/30/2012
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.