

1.) CORPORATION NAME: <b>Brad Gibson &amp; Associates Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CAROLYN FREEMAN          3215 SOUTH 24TH ST APT 410          ARLINGTON, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ARLINGTON COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b>	DUE DATE: <b>7/31/2016</b> SCC ID NO: <b>F1934910</b> 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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
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COMMON	100				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 7305 BALTIMORE AVE STE 103  CITY/ST/ZIP: COLLEGE PARK, MD 20740
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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: RAFAEL JONES TITLE: CEO ADDRESS: 7305 BALTIMORE AVENUE STE 103 CITY/ST/ZIP/CO: COLLEGE PARK, MD 20740	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CAROLYN FREEMAN TITLE: DIRECTOR ADDRESS: 7305 BALTIMORE AVE., STE 103 CITY/ST/ZIP/CO: COLLEGE PARK, MD 20740	<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/ RAFAEL JONES	RAFAEL JONES, CEO	6/1/2016
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.