2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000001760

1. Entity Name

ALL A BOARD OF VIRGINIA, INC.



FILED Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

395 DABBS HOUSE RD. RICHMOND, VA 23223

395 DABBS HOUSE RD. RICHMOND, VA 23223



DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1786184

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title	If applicable, (NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	U00000383004 01/12/06-80031-013 150.00	

The above pamed entity submits this statement for the number of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept

After Ma	ay 1, 2006 Fee Will be \$550.00	Tradit and Contribution
10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ETHERIDGE, WALTER C JR 395 DABBS HOUSE RD. RICHMOND, VA 23223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTH, ANDREW M 395 DABBS HOUSE RD. RICHMOND, VA 23223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HARRIS, KENNETH W JR 395 DABBS HOUSE RD. RICHMOND, VA 23223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURFORD, WILLIAM W 395 DABBS HOUSE RD. RICHMOND, VA 23223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCINTEER, CYNTHIA A 395 DABBS HOUSE RD. RICHMOND, VA 23223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachpept with an address, with all other like empowered.

CICMATIIDE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1-6-2006

804-652-0020

Daytime