

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214544796
1.) CORPORATION NAME: <b>PEOPLE THAT CARE INC.</b>		DUE DATE: <b>6/30/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ANTONIO A HOLLEY 1419 WHITTAMORE RD CHESAPEAKE, VA</b>		SCC ID NO: <b>05049432</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESAPEAKE CITY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1419 WHITTAMORE ROAD CITY/ST/ZIP: CHESAPEAKE, VA 23322		
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: ANTONIO A HOLLEY TITLE: PRESIDENT ADDRESS: 1419 WHITTAMORE ROAD CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CALVIN HALSEY TITLE: TREASURER ADDRESS: 1417 WHITTAMORE RD CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GWEN T MAYE TITLE: SECRETARY ADDRESS: 0 CITY/ST/ZIP/CO: 1429 WHITTAMORE RD CHESAPEAKE, VA 23322	<input checked="" type="checkbox"/> OFFICER	<input 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/ ANTONIO A HOLLEY	ANTONIO A HOLLEY, PRESIDENT	9/29/2014
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.		