


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2008 8:00 am**  
**Secretary of State**

06-20-2008 90002 028 \*\*\*150.00

<b>DOCUMENT # P94000085853</b> 1. Entity Name <b>SELMARK GROUP, INC.</b>																													
Principal Place of Business <b>210 E. FLAMINGO, #135 LAS VEGAS, NV 39169 US</b>			Mailing Address <b>1001 MOREHEAD SQUARE DR SUITE 300 CHARLOTTE, NC 28203 US</b>																										
2. Principal Place of Business - No P.O. Box # <b>7349 Via Paseo Del Sur, #278</b>			3. Mailing Address Suite, Apt. #, etc.																										
City & State <b>Scottsdale, AZ</b>			City & State																										
Zip <b>85258</b>		Country		4. FEI Number <b>65-0537919</b>																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>BOCK, SHARON R ESQ 255 ALHAMBRA CIR SUITE 610 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>David W. Griffin, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>565 S. Duncan Ave.</b> City <b>Clearwater,</b> <b>FL</b> Zip Code <b>33756</b>																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>David W. Griffin</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>6-16-08</u>																													
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>DP DREW, DENNIS</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>7349 VIA PASEO DEL SUR, #278</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>SCOTTSDALE, AZ 85258</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>DP DREW, DENNIS</b>		STREET ADDRESS	<b>7349 VIA PASEO DEL SUR, #278</b>		CITY - ST - ZIP	<b>SCOTTSDALE, AZ 85258</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.																													
SIGNATURE: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>6/14/08</u> Daytime Phone # <u>704-552-1442</u>																									