


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000003323 1. Entity Name SELLETHICS MARKETING GROUP, INC.					
Principal Place of Business 941 MATTHEWS-MINT HILL RD. MATTHEWS NC 28105			Mailing Address 941 MATTHEWS-MINT HILL RD. MATTHEWS NC 28105		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2119424	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARP, PAUL 6850 NEW TAMPA HWY. STE. 500 LAKELAND FL 33815			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARHAM, JOEL	NAME	100000532218		
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	STREET ADDRESS	05/05/06-80032-012 158.75		
CITY-ST-ZIP	MATTHEWS NC 28105	CITY-ST-ZIP			
TITLE	VCVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENSLEY, JEFF	NAME			
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	STREET ADDRESS			
CITY-ST-ZIP	MATTHEWS NC 28105	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASON, WENDY	NAME			
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	STREET ADDRESS			
CITY-ST-ZIP	MATTHEWS NC 28105	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORBETT, HOBERT	NAME			
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	STREET ADDRESS			
CITY-ST-ZIP	MATTHEWS NC 28105	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANN, JOHN	NAME			
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	STREET ADDRESS			
CITY-ST-ZIP	MATTHEWS NC 28105	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 being empowered.					
SIGNATURE: <i>Joel J Barham</i>		Date: 4/19/06		Daytime Phone #: 704-847-4444	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	