


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000003323 1. Entity Name SELLETHICS MARKETING GROUP, INC.	
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Principal Place of Business 941 MATTHEWS-MINT HILL RD. MATTHEWS NC 28105	Mailing Address 941 MATTHEWS-MINT HILL RD. MATTHEWS NC 28105
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 56-2119424		Applied For <input type="checkbox"/> Not Applicable
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 _____ (NOTE: Registered Agent's signature required when not in state) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	CP	
NAME	BARHAM, JOEL	
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	
CITY- ST- ZIP	MATTHEWS NC 28105	
TITLE	VCVP	<input type="checkbox"/> Delete
NAME	HENSLEY, JEFF	
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	
CITY- ST- ZIP	MATTHEWS NC 28105	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MASON, WENDY	
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	
CITY- ST- ZIP	MATTHEWS NC 28105	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORBETT, HOBERT	
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	
CITY- ST- ZIP	MATTHEWS NC 28105	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANN, JOHN	
STREET ADDRESS	941 MATTHEWS MINT HILL ROAD	
CITY- ST- ZIP	MATTHEWS NC 28105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 like empowered.

SIGNATURE: Joel J Barham Joel J Barham 4/30/08 704-847-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR