

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054964

Entity Name: S5 MEDIA GROUP, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

4015 BAYSHORE BLVD. #16A
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4015 BAYSHORE BLVD. #16A
TAMPA, FL 33611

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCHESNEAU, MICHAEL A MD
4015 BAYSHORE BLVD. #16A
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUCHESNEAU, MICHAEL A MD
Address: 4015 BAYSHORE BLVD. #16A
City-St-Zip: TAMPA, FL 33611

Title: VD () Delete
Name: SELLERS, BYRON
Address: 1865 BOUGH AVE APT. D
City-St-Zip: CLEARWATER, FL 33760

Title: STD () Delete
Name: BALCKER, VIVIEN
Address: 1865 BOUGH AVE APT. D
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SELLERS, BYRON
Address: 1991 OAK STREEET
City-St-Zip: CLEARWATER, FL 33760

Title: STD (X) Change () Addition
Name: BALCKER, VIVIEN
Address: 1991 OAK STREET
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A DUCHESNEAU MD

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date