2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# F06000006449

Entity Name: FIVE SEAS MANAGEMENT, INC.

Current Principal Place of Business:

3225 MCLEOD DRIVE
SUITE 100
LAS VEGAS, NV 89121

New Principal Place of Business:

3225 MCLEOD DRIVE
SUITE 100
LAS VEGAS, NV 89121 US

Current Mailing Address:

3225 MCLEOD DRIVE
SUITE 100
LAS VEGAS, NV 89121

New Mailing Address:

3225 MCLEOD DRIVE
SUITE 100
LAS VEGAS, NV 89121 US

FEI Number: 20-3663749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIRSCH, CHERYL
3735 EAST COVE PARK TRAIL
HERNANDO, FL 34442 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: CHRM ( ) Delete
Name: HIRSCH, CHERYL
Address: 3735 EAST COVE PARK TRAIL
City-St-Zip: HERNANDO, FL 34442

Title: DPT ( ) Delete
Name: HIRSCH, CHERYL
Address: 3735 EAST COVE PARK TRAIL
City-St-Zip: HERNANDO, FL 34442

Title: V ( ) Delete
Name: HIRSCH, CHARLES
Address: 1550 SEMINOLA AVENUE
City-St-Zip: AKRON, OH 44305

Title: S ( ) Delete
Name: HIRSCH, CHRIS
Address: 5360 NW 60TH TERRACE
City-St-Zip: OCALA, FL 34482

Title: S ( ) Delete
Name: HIRSCH, CHRIS
Address: 5360 NW 60TH TERRACE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL HIRSCH CHRM 04/26/2007

Electronic Signature of Signing Officer or Director Date