

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022274

Entity Name: SEAGATE MANAGEMENT, INC.

FILED
Feb 12, 2006
Secretary of State

Current Principal Place of Business:

BAYMONT INN
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

27991 OAKLAND DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 65-0901122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, MINESH G
27991 OAKLAND DRIVE
BONITA SPRINGS, FL 34135 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: P () Delete
Name: PATEL, MINESH G
Address: 27991 OAKLAND DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V (X) Delete
Name: PATEL, SANJAY K
Address: P.O. BOX 1495
City-St-Zip: PLEASANTON, CA 94566

Title: S () Delete
Name: PATEL, GALKA
Address: 27991 OAKLAND DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T (X) Delete
Name: PATEL, KALPANA S
Address: P.O. BOX 1495
City-St-Zip: PLEASANTON, CA 94566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: PATEL, ALKA
Address: 27991 OAKLAND DR
City-St-Zip: BONITA SPRINGS, FL 34135

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: ALKA PATEL

S

02/12/2006

Electronic Signature of Signing Officer or Director

Date