FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Lewis Gerald 2. Date of Event Requiring Statement (Month/Day/Year) 03/06/2008			nent	3. Issuer Name and Ticker or Trading Symbol FREIGHT MANAGEMENT CORP [N/A]								
(Last) SUITE 200, 8 (Street) LAS VEGAS (City)	(First) 275 EASTERN NV (State)	(Middle) AVE. 89123 (Zip)				ationship of Repor (all applicable) Director Officer (give title below) Secreta	X	10% Owne Other (spe below)	er	(Mon	hth/Day/Year) dividual or Joint cable Line) Form filed b	Ate of Original Filed I/Group Filing (Check BY One Reporting Person BY More than One BY More than One
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					3. Ownership Beneficially Owned (Instr. 4) Geneficially Owned (Instr. 4) Geneficially Owned (Instr. 4) Geneficially Owned (Instr. 5)		ct (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common						2,000,000		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conv		Conve	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title	e		Amount or Number of Shares	Price o Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ Gerald Lewis

03/07/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).