2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# P03000104961

Entity Name: MIGNON ENTERPRISES, INC.

Current Principal Place of Business:

PKWY PLAZA, UNIT 108, CYPRESS POINT
PALM COAST, FL 32164

New Principal Place of Business:

1000 PALM COAST PKWY. SW
102
PALM COAST, FL 32137

Current Mailing Address:

PKWY PLAZA, UNIT 108, CYPRESS POINT
PALM COAST, FL 32164

New Mailing Address:

1000 PALM COAST PKWY.
102
PALM COAST, FL 32137

FEI Number: 35-2222970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOWELL, SIDNEY M ESQ
300 N STATE ST
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

NOWELL, SIDNEY M ESQ
P.O. BOX 819
BUNNELL, FL 32110 US

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: SIDNEY M. NOWELL ESQ 02/09/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MANFRE, LORRAINE
Address: PKWY PLAZA, UNIT 108, CYPRESS POINT
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete
Name: MANFRE, JUSTIN
Address: PKWY PLAZA, UNIT 108, CYPRESS POINT
City-St-Zip: PALM COAST, FL 32164

Title: VD (X) Delete
Name: BERNZWEIG, MARK
Address: PKWY PLAZA, UNIT 108, CYPRESS POINT
City-St-Zip: PALM COAST, FL 32164

Title: D (X) Delete
Name: CONLON, JUDITY
Address: PKWY PLAZA, UNIT 108, CYPRESS POINT
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: MANFRE, LORRAINE
Address: 24 CIMMARON DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: PRES (X) Change ( ) Addition
Name: MARK, BERNZWEIG
Address: 24 CIMMARON DRIVE
City-St-Zip: PALM COAST, FL 32137

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 Section 119.07(3)(i), 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: LORRAINE MANFRE VP 02/09/2005
Electronic Signature of Signing Officer or Director Date