

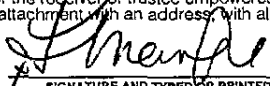


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000104961			
1. Entity Name MIGNON ENTERPRISES, INC.			
Principal Place of Business 1000 PALM COAST PKWY. SW 102 PALM COAST, FL 32137		Mailing Address 1000 PALM COAST PKWY. 102 PALM COAST, FL 32137	
DO NOT WRITE IN THIS SPACE			
		04252006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 35-2222970	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NOWELL, SIDNEY M ESQ P.O. BOX 819 BUNNELL, FL 32110		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000561533 05/19/06-80017-015 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MANFRE, LORRAINE 24 CIMMARON DRIVE PALM COAST, FL 32137		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MARK, BERNZWEIG 24 CIMMARON DRIVE PALM COAST, FL 32137		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Lorraine Manfre v 4-31-06 386 445-9988	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #