2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000090359

Entity Name: XEON CORPORATION

FILED Nov 23, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

C/O S LOUAS 111 SPINNAKER LANE 2283 MARSEILLES DRIVE JUPITER, FL 33477

PALM BEACH GARDENS, FL 33410 US

Current Mailing Address: New Mailing Address:

C/O S LOUAS 111 SPINNAKER LANE 2283 MARSEILLES DRIVE JUPITER, FL 33477

PALM BEACH GARDENS, FL 33410 US

FEI Number: 22-2425827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOVAS, STEPHEN
11360 US HWY. 1
N. PALM BEACH, FL 33408
US
LOVAS, STEPHEN
111 SPINNAKER LANE
JUPITER, FL 33477
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: STEPHEN LOVAS 11/23/2007

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:

() Delete Title: DPT (X) Change () Addition

Name:LOVAS, STEPHEN JR.Name:LOVAS, STEPHEN .Address:11360 US HWY. 1Address:111 SPINNAKER LANECity-St-Zip:PALM BEACH GARDENS, FLCity-St-Zip:JUPITER, FL 33477

Title: DV () Delete Title: DV (X) Change () Addition

Name: KUDMAN, STUART R Name: KUDMAN, STUART R

Address: 350 5TH AVE., STE. 1423 Address: 350 FIFTH AVENUE, SUITE 1423

City-St-Zip: NEW YORK, NY City-St-Zip: NEW YORK, NY 10118

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 LOVAS, STEPHEN III
 Name:
 LOVAS, STEPHEN III

 Address:
 11360 U.S. HWY. 1
 Address:
 116 MANAQUA DRIVE

 City-St-Zip:
 PALM BEACH GARDENS, FL
 City-St-Zip:
 FREEHOLD, NJ 07728

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN LOVAS DPT 11/23/2007