

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003804

FILED
Jan 06, 2005
Secretary of State

Entity Name: DYNECO INTERNATIONAL, INC.

Current Principal Place of Business:

564 INTERNATIONAL PLACE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

564 INTERNATIONAL PLACE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 41-1722003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, THOMAS C
564 INTERNATIONAL PLACE
ROCKLEDGE, FL 32955 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: CD () Delete
Name: EDWARDS, THOMAS C
Address: 564 INTERNATIONAL PLACE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SCHELL, GEORGE R
Address: 1313 FIVE POINT ROAD
City-St-Zip: VIRGINIA BEACH, FL 23454

Title: D () Delete
Name: SCULLER, LEONARD
Address: 3749 COVENTRY LANE
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: HOOPER, KEVIN
Address: 1687 FENWAY CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: THOMAS C. EDWARDS

CD

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date