


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90386 046 \*\*\*150.00

<b>DOCUMENT # F04000003333</b> 1. Entity Name <b>DICON CONSTRUCTION CORP.</b>					
Principal Place of Business <b>11506 NICHOLAS STREET, STE. 200 OMAHA, NE 68154</b>			Mailing Address <b>11506 NICHOLAS STREET, STE. 200 OMAHA, NE 68154</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>47-0763603</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01052006    Chg-P    CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>NRAI SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2731 EXECUTIVE PARK DRIVE #4</b> City <b>Weston</b> FL      Zip Code <b>33331</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <del>CPT C.E.O./TREASURER/DIRECTOR</del> <input type="checkbox"/> Delete NAME THORBURN, JAMES M STREET ADDRESS 11506 NICHOLAS STREET, STE. 200 CITY-ST-ZIP OMAHA, NE 68154	TITLE <b>PRESIDENT / DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>ROYCE A. MAYNARD</b> STREET ADDRESS <b>8746 HICKORY STREET</b> CITY-ST-ZIP <b>OMAHA, NE 68124</b>				
TITLE <del>VG DIRECTOR</del> <input type="checkbox"/> Delete NAME HUGHES, JOHN J STREET ADDRESS 11506 NICHOLAS STREET, STE. 200 CITY-ST-ZIP OMAHA, NE 68154	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <del>DIRECTOR</del> <input type="checkbox"/> Delete NAME DAY, DONALD F STREET ADDRESS 11506 NICHOLAS STREET, STE. 200 CITY-ST-ZIP OMAHA, NE 68154	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <del>D</del> <input checked="" type="checkbox"/> Delete NAME HELD, CHRISTOPHER R STREET ADDRESS 11506 NICHOLAS STREET, STE. 200 CITY-ST-ZIP OMAHA, NE 68154	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <del>VPO ASST. SECRETARY/DIRECTOR</del> <input type="checkbox"/> Delete NAME CLAUFF, TERRY L STREET ADDRESS 11506 NICHOLAS STREET, STE. 200 CITY-ST-ZIP OMAHA, NE 68154	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <del>SECRETARY/V.P./DIRECTOR</del> <input type="checkbox"/> Delete NAME <b>JOHN L. FARSON</b> STREET ADDRESS <b>212 HARBOR CIRCLE</b> CITY-ST-ZIP <b>PAPELLION, NE 68133</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> _____ <b>(402) 493-2800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					