
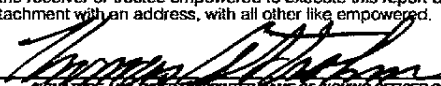


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # F93000005738</b> 1. Entity Name DYCON CORPORATION OF MARYLAND		
Principal Place of Business P.O. BOX 28265 PANAMA CITY, FL 32411-8265 US		Mailing Address P.O. BOX 28265 PANAMA CITY, FL 32411-8265 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  STROHM, THOMAS P P.O. BOX 28265 626 AMBER JACK DR PANAMA CITY, FL 32411		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> 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		11000007552974 05/15/06-80033-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NELSON, THOMAS L 40 GLENBROOK DR. PHOENIX, MD 21131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STROHM, THOMAS A PO BOX 27997 - 626 AMBERJACK DR. PANAMA CITY, FL 324117997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KEKICH, DAVID A 3400 AVE OF THE ARTS, F 415 COSTA MESA, CA 92626	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-26-06 850-230-8294 <small>Date Daytime Phone #</small>



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-0914604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**