


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90015 032 ***158.75

DOCUMENT # F95000003804	
1. Entity Name DYNECO INTERNATIONAL, INC.	

Principal Place of Business 564 INTERNATIONAL PLACE ROCKLEDGE, FL 32955	Mailing Address 564 INTERNATIONAL PLACE ROCKLEDGE, FL 32955
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2. Principal Place of Business 2203 N. Lois Avenue 9th Floor Tampa, Florida 33607 USA	3. Mailing Address 2203 N. Lois Avenue 9th Floor Tampa, Florida 33607 USA
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03212006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent EDWARDS, THOMAS C 564 INTERNATIONAL PLACE ROCKLEDGE, FL 32955	
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7. Name and Address of New Registered Agent Name: Robert A.G. Levine Street Address (P.O. Box Number is Not Acceptable): 2203 N. Lois Avenue 9th Floor City: Tampa FL Zip Code: 33607	
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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: <i>Robert A.G. Levine</i>	Robert A.G. Levine 3/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EDWARDS, THOMAS C 564 INTERNATIONAL PLACE ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHELL, GEORGE R 1313 FIVE POINT ROAD VIRGINIA BEACH, FL 23454 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCULLER, LEONARD 3749 COVENTRY LANE BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOPER, KEVIN 1687 FENWAY CIRCLE ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Daniel G. Brandano 2203 N. Lois Ave, 9th Floor Tampa, Florida 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Thomas W. Busch 2203 N. Lois Avenue, 9th Floor Tampa, Florida 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Robert A.G. Levine 2203 N. Lois Avenue, 9th Floor Tampa, Florida 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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.

SIGNATURE: <i>Robert A.G. Levine</i>	Robert A.G. Levine 3/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #	

(813) 877-6300