2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# P01000035864

Entity Name: DICON INTERNATIONAL, INC.

Current Principal Place of Business:

18459 PINES BOULEVARD
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

18459 PINES BOULEVARD
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 65-1093837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOVAR, JOSE G
8180 NW 36TH ST
STE.100
MIAMI, FL 33166 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: PTD ( ) Delete
Name: PLUCHINO, SALVINA A PTD
Address: 1403 BANYAN WAY
City-St-Zip: WESTON, FL 33327 US

Title: VSD ( ) Delete
Name: PLUCHINO, SALVINA A VSD
Address: 1403 BANYAN WAY
City-St-Zip: WESTON, FL 33327 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PLUCHINO, MELYTZA B PD
Address: 1043 BLUEWOOD TER
City-St-Zip: WESTON, FL 33327 US

Title: VD (X) Change ( ) Addition
Name: PLUCHINO, SALVINA A VD
Address: 1403 BANYAN WAY
City-St-Zip: WESTON, FL 33327 US

Title: DST ( ) Change (X) Addition
Name: DUARTE, VALDEMAR M DST
Address: 1043 BLUEWOOD TER
City-St-Zip: WESTON, FL 33327

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: MELYTZA B. PLUCHINO PD 03/11/2005

Electronic Signature of Signing Officer or Director Date