## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000035864

1403 BANYAN WAY

WESTON, FL 33327

Address:

City-St-Zip:

Entity Name: DICON INTERNATIONAL, INC.

FILED Jan 12, 2008 Secretary of State

Littly Na	ine. DICON	INTERNATIONAL, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	EWOOD TER , FL 33327	R US				
Current Mailing Address:			New Maili	New Mailing Address:		
	EWOOD TER , FL 33327	R US				
FEI Number	: 65-1093837	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired (X)	
Name and	l Address of	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
1043 BLUE	VALDEMAR EWOOD TER FL 33327					
	named entity e of Florida.	submits this statement for th	e purpose of changing i	its registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	onic Signature of Registered A	\gent		Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( PLUCHINO, N 1043 BLUEW WESTON, FL	OOD TER	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( SIFONTES, H 1403 BANYAI WESTON, FL	N WAY	Title: Name: Address: City-St-Zip:	D SIFONTES, I 1043 BLUEV WESTON, F	VOOD TER	
Title: Name: Address: City-St-Zip:	D ( DUARTE, VAI 1043 BLUEW WESTON, FL	OOD TER	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name:	D ( PLUCHINO. S	) Delete SALVINA A	Title: Name:	D PLUCHINO.	(X) Change()Addition SALVINA A	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

709 ASTER WAY

WESTON, FL 33327

SIGNATURE: MELYTZA PLUCHINO P 01/12/2008