2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035864

Entity Name: DICON INTERNATIONAL, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1043 BLUEWOOD TER 1403 BANYAN WAY

WESTON, FL 33327 US WESTON, FL 33327 US

Current Mailing Address: New Mailing Address:

1043 BLUEWOOD TER 1403 BANYAN WAY

WESTON, FL 33327 US WESTON, FL 33327 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUARTE, VALDEMAR M
1043 BLUEWOOD TER
1403 BANYAN WAY
WESTON, FL 33327 US

DUARTE, VALDEMAR M
1403 BANYAN WAY
WESTON, FL 33327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: V.DUARTE 01/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

709 ASTER WAY

WESTON, FL 33327

in the State of Florida.

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 PLUCHINO, MELYTZA B
 Name:
 PLUCHINO, MELYTZA B

 Address:
 1043 BLUEWOOD TER
 Address:
 1403 BANYAN WAY

 City-St-Zip:
 WESTON, FL 33327 US
 City-St-Zip:
 WESTON, FL 33327 US

 Name:
 SIFONTES, HERMES A
 Name:
 SIFONTES, HERMES A

 Address:
 1043 BLUEWOOD TER
 Address:
 1403 BANYAN WAY

 City-St-Zip:
 WESTON, FL 33327 US
 City-St-Zip:
 WESTON, FL 33327 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DUARTE, VALDEMAR M
 Name:
 DUARTE, VALDEMAR M

 Address:
 1043 BLUEWOOD TER
 Address:
 1403 BANYAN WAY

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:
 WESTON, FL 33327

Title: D () Delete Title: () Change () Addition Name: PLUCHINO, SALVINA A Name:

Name: Address: City-St-Zip:

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.

SIGNATURE: MELYTZA B. PLUCHINO P 01/20/2009