2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004193

FILED May 16, 2007 Secretary of State

Entity Name: MARIA KONOPNICKA'S SATURDAY POLISH SCHOOL, INC.

Current Principal Place of Business: New Principal Place of Business: 119 CARMELITE DR BUNNELL, FL 32110 **Current Mailing Address: New Mailing Address:** 119 CARMELITE DR BUNNELL, FL 32110 FEI Number: 20-1116903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUPINSKI, KRYSTYNA DANIEL, SOKOLSKI 25 LANDSDOWNE LN 45 WILLIAMS DR PALM COAST, FL 32137 US PALM COAST, FL 32164 US 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: DANIEL SOKOLSKI 05/16/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete KRAJEWSKA-PIELARZ, BOZENA LECIEJEWSKA, MARIA Name: Name: 31 RALEIGH DR Address: 133 PLAIN VIEW DR. Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32164 Title: () Delete Title: () Change () Addition Name: SOKOLSKI, DANIEL Name: Address: 45 WILLIAMS DRIVE Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: Title: () Delete Title: () Change () Addition SUPINSKI, ZBIGNIEW Name: Name: 25 LANSDOWNE LN Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: () Delete Title: () Change () Addition SUPINSKI, KRYSTYNA Name: Name: 25 LANSDOWNE LN Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: TRAS () Delete Title: TRAS (X) Change () Addition GUBALA, IWONA LUKASIEWICZ, MARGARET Name: Name: 13 PANEI LN 1228 LONDONDERY CIR. Address: Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: () Change (X) Addition BEREZNICKA, ANNA Name: Name: Address: Address: 3 WINDMILL PLACE PALM COAST, FL 32164 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL SOKOLSKI P 05/16/2007