## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N49417

City-St-Zip:

FILED May 12, 2005 Secretary of State

Entity Nar	me: POLONIA, INC.			
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
4350 16 ST ST PETER	TN RSBURG, FL 33707 US			
Current Mailing Address:		New Maili	New Mailing Address:	
11551 PYR ODESSA,	RAMID DR. FL 33556			
	: 65-0342088 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Appl receive the prior notic		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	, MIKE E TIME CIR RT RICHEY, FL 34654 US			
	named entity submits this statement for the puelon for the puelon for the puelon for the puelon in the puelon for the puelon f	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete RAKOCZY, STEFAN 3700 17 AVE N ST PETERSBURG, FL 33713	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD ( ) Delete JALSOVIEC, WANDA 6767 SAN SET WAY, APT. 302 SAINT PETERSBURG BEACH, FL 33715	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition FORTUNSKI, JAN 6112 2 ND STREET EAST A24 ST.BEACH., FL 33706	
Title: Name: Address: City-St-Zip:	T () Delete GORECK, MIKE 11847 TEE TIMR CIR NEW PORT RICHEY, FL 34654	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () Delete KANIEWSKA, ALICJA 6111 2ND STREET, EAST A24 ST PETE BEACH, FL 33706	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	( ) Delete	Title: Name: Address:	VD 1 ( ) Change (X) Addition FRACZEK, EDWARD 9755 HARRELL AV AP.207	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

TRESURES ISLAN, FL 33706

SIGNATURE: MIKE GORECKI 05/12/2005 Τ