## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N49417

Entity Name: POLONIA, INC.

FILED Jan 30, 2006 Secretary of State

Current Principal Place of Business:				New Pr	New Principal Place of Business:			
4350 16 ST ST PETERS		_ 33707 US	3					
Current Mailing Address:				New Ma	New Mailing Address:			
11551 PYRAMID DR. ODESSA, FL 33556					PO BOX 60171 ST. PETERSBURG, FL 33784			
FEI Number:	65-0342088	FEI Numbe	er Applied For()	FEI Number Not A	pplicable ( )	Certificate of Star	tus Desired ( )	
Name and Address of Current Registered Agent:				Name a	Name and Address of New Registered Agent:			
GORECKI, 11847 TEE NEW POR	TIME CIR	FL 34654	US	PO BO	ZY, STEFAN ( 60171 ERSBURG, FL	33784 US		
The above in the State		ty submits this	statement for the pu	pose of changin	g its registered	office or registere	ed agent, or both,	
SIGNATURE: MIKE GORECKI					01/30/2006			
			e of Registered Agent			Date		
OFFICERS AND DIRECTORS:				ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD RAKOCZY, 3700 17 AV ST PETERS		3	Title: Name: Address: City-St-Zi		) Change ( ) Addition	on	
Title: Name: Address: City-St-Zip:	VD FORTUNSK 6112 2 ND S ST.BEACH.	STREET EAST A2	24	Title: Name: Address: City-St-Zi		) Change ()Additio	on	
Title: Name: Address: City-St-Zip:	T GORECK, M 11847 TEE NEW PORT		954	Title: Name: Address: City-St-Zi	WISNIEWSKÌ, 304 HERCULE	ES S	on	
Title: Name: Address: City-St-Zip:		() Delete A, ALICJA TREET, EAST A2 EACH, FL 33706		Title: Name: Address: City-St-Zi		) Change ( ) Addition	on	
Title:	VD 1	(X) Delete		Title:	(	) Change ( ) Addition	on	

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

Name:

Address:

City-St-Zip:

SIGNATURE: RAKOCZY PD 01/30/2006

FRACZEK, EDWARD

9755 HARRELL AV AP.207

TRESURES ISLAN, FL 33706

Name:

Address: City-St-Zip: