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ANNUAL REPORT (AR)									
DOCU ,1. Envity Nam			Trans of the control						
POLISH MISSION FOUNDATION, INC.					0	7 MAR 2	6 AH 10: 52		
Principal Place of Business Mailing Address					· •	.ondja	AY OF SILTE		
ATTN: MICHAEL F. GASTOM 1431 SOUTH OCEAN BLVD #20 LAUDERDALE BY THE SEA FL 33062		ATTN: MICHAEL F. GASTOM 1431 SOUTH OCEAN BLVD #20 LAUDERDALE BY THE SEA FL 33062				LAHAS	RY OF STATE SEE, FLORIDA		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			11/15/06	01019	013 \$29	7.50	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MO		CR2E037 (10/06)		
City & State		City & State			4. FEI Number	8-090425		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Ad Fee Require	ditional ed	
	6. Name and Address of Current F				7. Name and Address of New Registered Agent				
				Name					
GASTOM, MICHAEL F 1431 SOUTH OCEAN BLVD #20 LAUDERDALE BY THE SEA FL 33062			Stroet Address (P.O. Box Number is Not Acceptable)						
LAC	DENDALE BY THE SEA FL	33002	City				7/2 020	40	
			City	City FL Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW: FEE IS \$61.25 Due By May 1, 2007 Trust Fund Co					\$5.00 May Be Added to Fees		ake Check Payable ida Department of		
10.	OFFICERS AND DIR	ECTORS	11.				ERS AND DIRECTORS IN	V 10	
NAME STREET ADDRESS CITY-S1-ZIP	P CIEPLAK, URSZULA 310 S OCEAN BLVD #406 BOCA RATON FL 33432	⊠ Delete	TITLE NAME STREET A ddress City-St-Zip	463	27 BOGSZIE TO BALBRIC CA RATIN	5 5 T		☐ Addilion	
NAME STREET ADDRESS CITY-ST-ZIP	VP OLSZEWSKI, JERRY 3420 NE 16TH ST #5 POMPANO BEACH FL 33062	Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		, , , , , , , , , , , , , , , , , , , 	:	☐ Change	Addition	
NAME STREET ADDRESS CHY-ST-ZIP	T GASTOM, MICHAEL 1431 S OCEAN BLVD #20 LAUDERDALE BY THE SEA FL 330	□ Delete	HITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change	Addition	
ITILE NAME SIREET ADDRESS CITY-SI-ZIP	S ZIELINSKI, KATARZYNA 670 NE 56TH COURT FT LAUDERDALE FL 33334	Z¥ Delete	TITLE NAME STRIET ADDRESS CHY-ST-7IP	S KARI 2097I BOCA	WACKA, TRE, 13 VIA ALAM 18 RATON, FL	NA 1 N	⊠ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delele	NAME Street address	07F1	FOR NOWSIKA E NW 515T. H FIELD BEAC	WA My		⊠ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Derete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemptions of	contained	in Section 119, Flori	da Statutes.	I further certify that the i	information	

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1. Mev 7. So true

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07 954 - 942 - 4811
Dayline Phone #

Honda Sept. of State Atta: Tima D. Carter March 20, 2007

Please note that the Fee of \$61.26 was included in the check dated 11/12/06 # 1012 in the amount of \$997.50 Plse. see your letter of oct. 24, 2006 Michael 7- Sastom