2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000004575

1. Entity Name
AEQUALIS INC.

Principal Place of Business	Mailing Address
1320 N. PALMWAY LAKE WORTH, FL 33460	1320 N. PALMWAY LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE

04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
11-2798348
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAROLA, MICHAEL
1320 N. PALMWAY
LAKE WORTH, FL 33460

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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 _____ DATE
Signature, typed or printed name of registered agent and, if applicable, title of officer (required if registered agent is a corporation)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAROLA, MICHAEL
STREET ADDRESS	1323 N. LAKESIDE DR.
CITY ST ZIP	LAKE WORTH, FL 33460
TITLE	CD
NAME	BRODY, MARTIN
STREET ADDRESS	23 TRAYMORE ST.
CITY ST ZIP	CAMBRIDGE, MA 02140
TITLE	VCD
NAME	EMERY, MARGOT
STREET ADDRESS	1323 N. LAKESIDE DR.
CITY ST ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	MERRYMAN, MARJORIE
STREET ADDRESS	30 FAIRMONT ST
CITY ST ZIP	BELMONT, MA 02178
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/13/05-80098-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Michael Parola 4/11/05 5615823821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #