

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004063

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: CANADIAN FINANCIAL CORPORATION AND SUBS

**Current Principal Place of Business:**

900 SECOND AVENUE SOUTH  
STE 880  
MINNEAPOLIS, MN 55402

**New Principal Place of Business:**

**Current Mailing Address:**

900 SECOND AVENUE SOUTH  
STE 880  
MINNEAPOLIS, MN 55402

**New Mailing Address:**

FEI Number: 41-1298930      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARLSON SR, GARRETT  
1330 GALLON DRIVE  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARLSON SR, GARRETT  
Address: 1330 GALLEON DRIVE  
City-St-Zip: NAPLES, FL

Title: V ( ) Delete  
Name: SCHELL, LYNN C  
Address: 900 2ND AVENUE SOUTH, STE 880  
City-St-Zip: MINNEAPOLIS, MN

Title: S ( ) Delete  
Name: CARLSON JR, GARRETT  
Address: 900 2ND AVENUE SOUTH, STE 880  
City-St-Zip: MINNEAPOLIS, MN

Title: CD ( ) Delete  
Name: LOUNT, GRAHAM  
Address: 2600 7 EVERGREEN PLACE  
City-St-Zip: WINNIPEG MANITOBA CANADA,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: LYNN CARLSON SCHELL

V

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date