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Secretary of State
01-28-2005 90025 038 ****70.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N50614

1. Entity Name
AEQUANIMITAS FOUNDATION, INC.

66002924

Principal Place of Business	Mailing Address
94 CROCUS PLACE SAINT PAUL, MN 55102 US	94 CROCUS PLACE SAINT PAUL, MN 55102 US

01192005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
7900 Sunnyside Rd.	P.O. Box 16297
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mounds View, MN	City & State: St. Paul, MN
Zip: 55112 Country: USA	Zip: 55116 Country: USA

4. FEI Number: 91-1575108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ST. PAUL, ALEXANDRA 1111 3RD AVE WEST SUITE 300 BRADENTON, FL 34205	Name Street Address (P.O. Box Number Is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIBBY, ALAN 116 WILSON AVE EDMINTON, t6h 3t3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Edmonton, AB Canada t6h 3t3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HEATH, CHRISTINE 970 N KALAHEO AVE C-214 KAILUA, HI 96734	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P/C/D Christine Heath 5314 Michaek Lane Minnetonka, MN 55343
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KROT, SANDRA 212 MORRIS ST LA CONNER, WA 98257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, SHANE 10145 81 AVE EDMONTON AB, CN t6h 3t3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition V/D Kennedy, Shane ← Same address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Christine J Heath Sec/Tr 1/21/05 612 702-6539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #