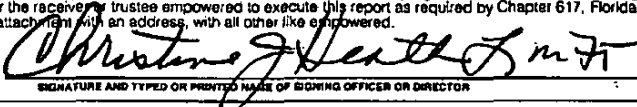


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FILED
Feb 28, 2005 8:00 am
Secretary of State

01-28-2005 90025 038 ****70.00

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N50614			
1. Entity Name AEQUANIMITAS FOUNDATION, INC.			
Principal Place of Business 94 CROCUS PLACE SAINT PAUL, MN 55102 US		Mailing Address 94 CROCUS PLACE SAINT PAUL, MN 55102 US	
2. Principal Place of Business 7900 Sunnyside Rd.		3. Mailing Address 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		01192005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ST. PAUL, ALEXANDRA 1111 3RD AVE WEST SUITE 300 BRADENTON, FL 34205		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE			
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-STATE-ZIP	D BIBBY, ALAN 116 WILSON AVE EDMONTON, AB CAN 16h 3t3	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD HEATH, CHRISTINE 970 N KALAHEO AVE C-214 KAILUA, HI 96734	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD KROT, SANDRA 212 MORRIS ST LA CONNER, WA 98257	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KENNEDY, SHANE 10145 81 AVE EDMONTON AB, CN 16h 3t3	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ 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, 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: 		Date: 1/21/05 612.702-6539	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	