


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90244 022 ****61.25

DOCUMENT # N96000003319	
1. Entity Name THE WEILER FOUNDATION, INC.	

Principal Place of Business 231 BRADLEY PLACE SUITE 204 PALM BEACH, FL 33480	Mailing Address 231 BRADLEY PLACE SUITE 204 PALM BEACH, FL 33480
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01072006 Chg-NP CR2E037 (11/05)

4. FEI Number 31-1475728	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ENGELBERG, MORRIS 3230 STIRLING RD. 4040 SHERIDAN ST HOLLYWOOD, FL 33021

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 _____ 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, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURNAP, BARTLETT 231 BRADLEY PLACE STE 204 PALM BEACH, FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNAP, CHRISTIANE 1539 NW DAVENPORT AVENUE BEND, OR 97701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLIS, WILLIAM 11999 SAN VINCENTE BLVD., STE. 220 LOS ANGELES, CA 90049 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNAP, LAN 854 NORTH STANLEY AVENUE LOS ANGELES, CA 90046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **DATE:** 1/17/06 **DAYTIME PHONE #:** 561-659-7212

ATTACHMENT 60002529
N 9600003319

**INSTRUCTIONS FOR COMPLETION
AND FILING
2006 FLORIDA ANNUAL REPORT**

EXECUTION: The original copy of the return should be dated and signed by
BARTLETT BURNAP.

AMOUNT DUE Checks payable to the FLORIDA DEPARTMENT OF STATE
in the amount of \$61.25.

WHERE TO MAIL Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RETAIN THE TAXPAYER'S COPY FOR YOUR RECORDS