

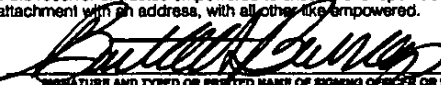


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90335 033 ****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
DO NOT WRITE IN THIS SPACE		
		
04082008 No Chg-NP CR2E037 (4/08)		
4. FEI Number 31-1475728		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ENGELBERG, MORRIS 4040 SHERIDAN ST. HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURNAP, BARTLETT 231 BRADLEY PLACE STE 204 PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNAP, CHRISTIANE 1539 NW DAVENPORT AVENUE BEND, OR 97701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLIS, WILLIAM 11999 SAN VINCENTE BLVD., STE. 220 LOS ANGELES, CA 90049	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNAP, LAN 854 NORTH STANLEY AVENUE LOS ANGELES, CA 90048	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  4/22/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

BARTLETT BURNAP