


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003602		
1. Entity Name THE BEN AND EVELYN WILSON FOUNDATION, INC.		
Principal Place of Business 2 MT HERMON RD BLAIRSTOWN, NJ 07825		Mailing Address 2728 2ND ST. SANTA MONICA, CA 90405
DO NOT WRITE IN THIS SPACE		
		01232008 No Chg-NP CR2E037 (11/05)
		4. FEI Number 31-1604870 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BAND, GREGORY S 1680 FRIUTVILLE ROAD SUITE 102 SARASOTA, FL 34238		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$51.25 Due by May 1, 2006		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	PSD JAFJE, JOANNE 2728 2ND ST. SANTA MONICA, CA 90405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENLAFF, JAY 126 SHERMAN AVE. TEANECK, NJ 07666	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, EVELYN 2728 SECOND STREET SANTA MONICA, CA 90405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Joanne Jaffe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>Jan 23, 2006</u> Daytime Phone #: <u>310 399 8689</u>