


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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

01-17-2006 90267 034 ****61.25

DOCUMENT # F99000002118	
1. Entity Name THE MAGIC FOUNDATION INCORPORATED	

Principal Place of Business 6645 W NORTH AVE OAK PARK, IL 60302	Mailing Address 6645 W NORTH AVE OAK PARK, IL 60302
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01042006 Chg-NP	CR2E037 (11/05)
4. FEI Number 36-3673333	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	
ANDREWS, MARY 2110 SW 12 TERR CAPE CORAL, FL 33991	

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 reinstating)	DATE
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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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, MARY	NAME	
STREET ADDRESS	1327 N HARLEM AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OAK PARK, IL 60302	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, JAMIE	NAME	
STREET ADDRESS	4105 QUAIL HOLLOW	STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA, GA 31602	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYE, MARTIN	NAME	
STREET ADDRESS	108 WILMONT RD., STE. 330	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD, IL 60015	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSCH, CATHY	NAME	
STREET ADDRESS	2047 GREENFIELD RD	STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES, FL 60195	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, TERESA	NAME	
STREET ADDRESS	7921 PRINCESS SR	STREET ADDRESS	9851 Alto Dr.
CITY-ST-ZIP	LA JOLLA, CA 92037	CITY-ST-ZIP	La Mesa, CA 91941
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, JUDY	NAME	
STREET ADDRESS	23 HAMILTON LN	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 60523	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:	<i>Dianne Tamburrino</i>	Date	1/9/06	Daytime Phone #	708-383-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					