

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002118

FILED
Jan 16, 2007
Secretary of State

Entity Name: THE MAGIC FOUNDATION INCORPORATED

Current Principal Place of Business:

6645 W NORTH AVE
OAK PARK, IL 60302

New Principal Place of Business:

Current Mailing Address:

6645 W NORTH AVE
OAK PARK, IL 60302

New Mailing Address:

FEI Number: 36-3673333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, MARY
2110 SW 12 TERR
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ANDREWS, MARY
Address: 1327 N HARLEM AVENUE
City-St-Zip: OAK PARK, IL 60302

Title: VC () Delete
Name: HARVEY, JAMIE
Address: 4105 QUAIL HOLLOW
City-St-Zip: VALDOSTA, GA 31602

Title: T () Delete
Name: NYE, MARTIN
Address: 108 WILMONT RD., STE. 330
City-St-Zip: DEERFIELD, IL 60015

Title: S () Delete
Name: KUSCH, CATHY
Address: 2047 GREENFIELD RD
City-St-Zip: HOFFMAN ESTATES, FL 60195

Title: D () Delete
Name: TUCKER, TERESA
Address: 9851 ALTO DR.
City-St-Zip: LA MESA, CA 91941

Title: D () Delete
Name: LUCAS, JUDY
Address: 23 HAMILTON LN
City-St-Zip: OAK BROOK, IL 60523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANDREWS

C

01/16/2007

Electronic Signature of Signing Officer or Director

Date