2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000001406

THE TRACY MCGRADY FOUNDATION, INC.



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Principal Place of Business 2295 S. HIAWASSEE ROAD, SUITE 306 ORLANDO, FL 32835 Mailing Address P.O. BOX 13667 RESEARCH TRIAN							2000	1249			
P.				O. BOX 110127							
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			01102006 C	hg-NP CR	2E037 (11/05)		
City & State			,	City & State Durham, Nº			4. FEI Number 58-26075	62	 	pplied For	
Zip Country		Zip	Country	5 Certificate of Status Desired \$8.75 Additional		iditional					
	6 Name	and Address of Curren	27709		us/t				Fee Require	ed	
6. Name and Address of Current Registered Agent					Name		/. Name and Ad	dress of New Registe	red Agent		
CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVENUE, SUITE 1000 (MRH) ORLANDO, FL 32801					Street A	Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO	J, FL 320	o i									
					City	Sity FL Zip Code					
		y submits this statement	for the purpose of cl	hanging its regis	istered office o	r register	ed agent, or both, in	n the State of Florida.	am familiar with	, and accept	
the obligat	tions of regis	tered agent.									
SIGNATURE											
		d or printed name of registered age	ent and title if applicable.	(NOTE: Red		hus securized					
i			••	(sistered Agent signal	tore regulation	wnen reinstating)	Di	ATE		
	Filing Fe	ee is \$61.25	····	lection Campaig				1	neck payable (to	
	_	ee is \$61.25 May 1, 2006	9. E	· •	ign Financing		\$5.00 May Be Added to Fees	Make c			
10.	Due by N	· ·	9. E T	lection Campaig	ign Financing		\$5.00 May Be Added to Fees	Make c	neck payable (partment of S	itate	
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _>

STREET ADDRESS

1/10/2004

FILED

Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90258 002 ****61.25