

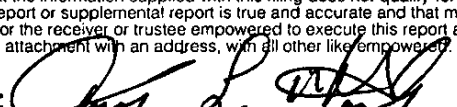


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001406 1. Entity Name THE TRACY MCGRADY FOUNDATION, INC.						FILED 2008 MAR -6 AM 11:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O BOULEVARD MANAGEMENT 21650 OXNARD STREET, SUITE 1925 WOODLAND HILLS, CA 91367				Mailing Address C/O BOULEVARD MANAGEMENT 21650 OXNARD STREET, SUITE 1925 WOODLAND HILLS, CA 91367			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Ms. Kaleen Farrell					
Suite, Apt. #, etc.		Suite, Apt. #, etc. 20929 Ventura Blvd. #47-256					
City & State		City & State Woodland Hills, California					
Zip		Country		4. FEI Number 58-2607562		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVENUE, SUITE 1000 (MRH) ORLANDO, FL 32801				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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	
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP MCGRADY, TRACY L JR 21650 OXNARD STREET STE 1925 WOODLAND HILLS, CA 91367			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200120811452 03/20/08--01016--004 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALL, WAYNE R 21650 OXNARD STREET STE 1925 WOODLAND HILLS, CA 91367			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABOW, ELISSA 12100 W. OLYMPIC BLVD., SUITE 400 LOS ANGELES, CA 90064			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				Date _____ Daytime Phone # _____			