2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007788

Entity Name: MAGIC WAND FOUNDATION, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

900 OLD ROSWELL LAKES PARKWAY 60 KING STREET SUITE 230 ROSWELL, GA 30075

ROSWELL, GA 30076

Current Mailing Address: New Mailing Address:

900 OLD ROSWELL LAKES PARKWAY 60 KING STREET ROSWELL, GA 30075

ROSWELL, GA 30076

FEI Number: 65-1047135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAW OFFICES OF ANNA KRIMSHTEIN, PLC 18205 BISCAYNE BLVD. SUITE 2221

AVENTURA, FL 33160 US

LAW OFFICES OF ANNA KRIMSHTEIN, PLC 2203 NE 203RD TERRACE MIAMI, FL 33180 US

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: 04/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: D (X) Change () Addition

 Name:
 SHICKLER, SCOTT J

 Address:
 900 OLD ROSWELL LAKES PARKWAY, SUITE 230
 Address:
 60 KING STREET

City-St-Zip: ROSWELL, GA 30076 City-St-Zip: ROSWELL, GA 30075

Title: D () Delete Title: D (X) Change () Addition Name: WALLER, JEFF Name: WALLER, JEFF

 Name:
 WALLER, JEFF
 Name:
 WALLER, JEFF

 Address:
 900 OLD ROSWELL LAKES PARKWAY, SUITE 230
 Address:
 60 KING STREET

 City-St-Zip:
 ROSWELL, GA 30076
 City-St-Zip:
 ROSWELL, GA 30075

Title: D () Delete Title: D (X) Change () Addition

Name: SCHLIMER, MITCHELL Name: SCHLIMER, MITCHELL

Address: 900 OLD ROSWELL LAKES PARKWAY, SUITE 230 Address: 60 KING STREET
City-St-Zip: ROSWELL, GA 30076 City-St-Zip: ROSWELL, GA 30075

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT J SHICKLER D 04/14/2009