2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: JERRY GOLDWASSLR,

DOCUMENT # 240012 1. Entity Name MASTER INVESTMENT CORPORATION						Secretary of State					I VI
Principal Place of Business 3675 NANCY CREEK RD % JERRY GOLDWASSER ATLANTA GA 30327			Mailing Address 3675 NANCY CREEK RD % JERRY GOLDWASSER ATLANTA GA 30327			6417	- 	NIC (TOT) BIND (NOC) BINCE (1810 BIN	. CTERN BIOW WOOD BIFEN	3/8// 8/V	1100 N 1800)
2. Principal Place of Business 3675 NANCY CRUEK ROAD Suite Apt. #, etc. ATLANTA,			3. Mailing Address 3675 NANCY CREEK ROAD Suite, Apt #, etc.			ROAD	1st MOORE CR2E034 (10/04)				
GINAS STATE ATLANTA, GEORGIA 30327			ATLANTA, GLORGIA 30327			4. FEI Numb	er 59-0945110		 ⊦-∵	plied For t Applicab	
Zio 30327 County FULTON			30327 F		FUL	TON 5. Certif		of Status Desired		5 Addi equired	itional
6. Name and Address of Current				ed Agent	7. Name and Address of New Registered Agent Name						
HELD, MICHAEL 2000 ISLAND BLVD #2304 WILLIAMS ISLAND FL 33160					Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
8. The above the obligat	named entity tions of registe	submits this statement for red agent.	the purp	pose of changing its	s registere	ed office or registe	red agent, or bo	th, in the State of Floric	1	r with,	and accep
SIGNATURE .	Symphica broad a	x printed name of registered agent a	-	nicable (NO)	F Segretare	d Agent signature require	d when remelation?	<u> </u>	DATE	e	
After	ILE NOW!!! May 1, 200!	FEE IS \$150.00 5 Fee Will Be \$550.00 Florida Department of	······································					Election Campaig Trust Fund Contril			00 May B
10.		OFFICERS AND	DIRECTO	DRS	11.		ADDITIONS	/CHANGES TO OFFIC			
THLE NAME STREET ADDRESS CHY-ST-ZIF	1	SER, JERRY SY CREEK ROAD GA	□ Delete			í	U00000196437				
TULE NAME STREET ADDRESS CITY:ST: &F	VD HELD, SIGN 6666 BROO NASHVILLE	KMONT TERR #508	·	☐ Delete		l l			<u>□</u> ¢	hange	∏ Addite
HILE NAME STREET ADDRESS CRY-ST-ZIP	SD HELD, MICI 2000 ISLAN WILLIAMS	ID BLVD #2304		☐ Delete		II			□ c	nange	∏ A±iiili.
TITLE NAME STREET ADDRESS CITY ST ZIP	D GOLDWAS 350 E 57TH NEW YORK	STREET		☐ Delete		ĺ	,,,, <u> </u>			hange	Addink
TITLE NAME STREET ADDRESS' CITY: ST-ZIP				☐ Delete	4				□ c	hange	Addition
TITLE NAME STREET AUDRESS CITY ST-ZIP				☐ Delete						hange	Acienth-
12. I hereby indicated of the corchanged	certify that the d on this report rporation or the f, or on an atta	information supplied with tor supplemental report is e receivet or trustee empo chment with an address, v	this filing true and owered to with all ot	does not qualify to accurate and that execute this repor her like empowered	or the exe my signa t as requi	mption stated in S ture shall have the red by Chapter 60	ection 119.07(3) same legal effe 17, Florida Statut	(i), Florida Statutes. I fo ct as if made under oat es; and that my name a	irther certify that th; that I am an appears in Bloc	at the in officer k 10 or	iformation or director Block 11 if

Cachson 1-20-05

404-239-9544

FILED