## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 240012**

1. Entity Name

MASTER INVESTMENT CORPORATION



FILED
Jan 13, 2006 08:00 AM
Secretary of State

Principal Place of Business

3675 NANCY CREEK RD % JERRY GOLDWASSER ATLANTA, GA 30327 Mailing Address

3675 NANCY CREEK RD % JERRY GOLDWASSER ATLANTA, GA 30327



## DO NOT WRITE IN THIS SPACE

| 01042006 No Chg-P                |  | CR2E034 (11/05) |                   |  |
|----------------------------------|--|-----------------|-------------------|--|
| 4. FEI Number                    |  |                 | Applied For       |  |
| <u>59-0945110</u>                |  |                 | Not Applicable    |  |
| 5. Certificate of Status Desired |  |                 | \$8.75 Additional |  |

Fee Required

6. Name and Address of Current Registered Agent

HELD, MICHAEL 2000 ISLAND BLVD #2304 WILLIAMS ISLAND, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

| the obligat                                    | signature by spot or philad name of registered agent and title in                      |  |  | required when reinstating)     | OATE                                      |  |
|--|--|--|--|--------------------------------|---|--|
|  | E NOW!!! FEE 1\$ \$150.00<br>ay/1, 2006 Fee will be \$550.00                           | Election Campaign Financing     Trust Fund Contribution. |  | \$5.00 May Be<br>Added to Fees |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | OFFICERS AND DIRECT<br>PD<br>GOLDWASSER, JERRY<br>3675 NANCY CREEK ROAD<br>ATLANTA, GA | CTORS  |  |                                | U00000386130<br>01/18/05-80047-002 150.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HELD, SIGMUND I<br>6666 BROOKMONT TERR #508<br>NASHVILLE, TN                     |  |  |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | HELD, MICHAEL 2000 ISLAND BLVD #2304   |  |  | DO                             | O NOT WRITE                               |  |
| TITLE NAME STREET AUDRESS CITY-ST-ZIP          |  |  |  | IN THIS SPACE                  |   |  |
| TITLE NAME STREET ADDRESS                      | -  |  |  |                                |   |  |

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 607, 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: KINY HOCKURSON