


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90052 016 \*\*\*150.00

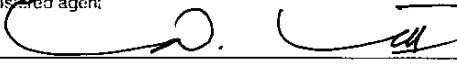
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|---|---|
| <b>DOCUMENT # F00000003254</b>                                    |  |
| 1. Entity Name<br><b>MASON INVESTMENT ADVISORY SERVICES, INC.</b> |   |

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|---|---|
| Principal Place of Business<br><b>11800 SUNRISE VALLEY DRIVE<br/>STE 550<br/>RESTON, VA 20191</b> | Mailing Address<br><b>11800 SUNRISE VALLEY DRIVE<br/>STE 550<br/>RESTON, VA 20191</b> |
|---|---|

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|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>11130 Sunrise Valley Dr</b> | 3. Mailing Address<br><b>11130 Sunrise Valley Dr</b> |
| Suite, Apt. #, etc.<br><b>Suite 200</b>  | Suite, Apt. #, etc.<br><b>Suite 200</b>              |
| City & State<br><b>Reston VA</b>   | City & State<br><b>Reston VA</b>                     |
| Zip<br><b>20191</b>  | Zip<br><b>20191</b>                                  |
| Country  | Country  |

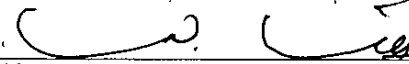
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| 01302007   | Chg-P CR2E034 (12/06)                                  |
| 4. FEI Number<br><b>54-1211118</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$8.75</b> Additional Fee Required                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>SHIRA, DAVID<br/>1925 CASTINET LANE<br/>PORT SAINT LUCIE, FL 34953</b>            |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |

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|--|-------|
| 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:    | DATE: |
| Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)   |       |

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                        |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>PSTD<br/>MASON III, WILLIAM N<br/>18110 TURNBERRY DRIVE<br/>ROUND HILL, VA 20141</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>VP<br/>GEORGE, SCOTT S<br/>12453 PLOWMAN COURT<br/>HERNDON, VA 22070</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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:    | DATE: _____ |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |             |