

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 442408

FILED  
Jan 07, 2007  
Secretary of State

Entity Name: CORPORATE INSURANCE SERVICES, INC.

## Current Principal Place of Business:

5775-B GLENRIDGE DR  
SUITE 130  
ATLANTA, GA 30328 US

## New Principal Place of Business:

## Current Mailing Address:

5775-B GLENRIDGE DR  
SUITE 130  
ATLANTA, GA 30328 US

## New Mailing Address:

FEI Number: 59-1502474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BARTHET, PATRICK  
200 S BISCAYNE BLVD  
STE 1800  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: DUARTE, THOMAS C  
Address: 300 KENDEMERE POINTE  
City-St-Zip: ROSWELL, GA 30075

Title: PD ( ) Delete  
Name: MEADOWS, OLIVER W  
Address: 436 IVY PARK LANE  
City-St-Zip: ATLANTA, GA 30342

Title: VD ( ) Delete  
Name: POMERANCE, DAVID M  
Address: 6779 ROBERTSON SPRINGS RD  
City-St-Zip: LOUDON, TN 37744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. DUARTE

VP

01/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date