

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 442408

FILED
Jan 05, 2008
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:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-1502474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: VD (X) Change () Addition
Name: POMERANCE, DAVID M
Address: 1880 SW WILLOWBEND LANE
City-St-Zip: PALM CITY, FL 34990

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 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

ST

01/05/2008

Electronic Signature of Signing Officer or Director

Date