

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 442408

FILED
Jul 27, 2009
Secretary of State**Entity Name:** CORPORATE INSURANCE SERVICES, INC.**Current Principal Place of Business:**5775 GLENRIDGE DR
SUITE B-130
ATLANTA, GA 30328 US**New Principal Place of Business:****Current Mailing Address:**5775 GLENRIDGE DR
SUITE B-130
ATLANTA, GA 30328 US**New Mailing Address:****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**OFFICERS AND DIRECTORS:****Title:** STD (X) 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: 1880 SW WILLOWBEND LANE
City-St-Zip: PALM CITY, FL 34990**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STD (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: OLIVER W. MEADOWS

P

07/27/2009

Electronic Signature of Signing Officer or Director_____
Date