

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 442408

**FILED**  
**Nov 02, 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:**POMERANCE, DAVID M  
1880 S.W.WILLOWBEND LANE  
PALM CITY, FL 34990 US

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: DAVID M. POMERANCE

11/02/2009

Electronic Signature of Registered Agent

Date

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

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

PD

11/02/2009

Electronic Signature of Signing Officer or Director

Date