2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# 442408

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:

3565 PIEDMONT CENTER
BUILDING 2, SUITE 540
ATLANTA, GA 30305 US

Current Mailing Address:

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

New Mailing Address:

3565 PIEDMONT CENTER
BUILDING 2, SUITE 540
ATLANTA, GA 30305 US

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

Name and Address of Current Registered Agent:

POMERANCE, DAVID M
1880 S.W.WILLOWBEND LANE
PALM CITY, FL 34990 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: PD
Name: MEADOWS, OLIVER W
Address: 436 IVY PARK LANE
City-St-Zip: ATLANTA, GA 30342

Title: STD
Name: POMERANCE, DAVID M
Address: 1880 SW WILLOWBEND LANE
City-St-Zip: PALM CITY, FL 34990

I hereby 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 all other like empowered.

SIGNATURE: OW MEADOWS PRES 01/11/2011

Electronic Signature of Signing Officer or Director Date