2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

DOCUMENT# P02000048469

Entity Name: CORPORATE INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

1102 S. FLORIDA AVENUE
LAKELAND, FL 33801

New Principal Place of Business:

130 S. MASSACHUSETTS AVENUE
SUITE #501
LAKELAND, FL 33801

Current Mailing Address:

1102 S. FLORIDA AVENUE
LAKELAND, FL 33801

New Mailing Address:

130 S. MASSACHUSETTS AVENUE
SUITE #501
LAKELAND, FL 33801

FEI Number: 03-0458609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, THOMAS RAY
1102 S. FLORIDA AVENUE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

JENKINS, THOMAS RAY
130 S. MASSACHUSETTS AVENUE
SUITE 501
LAKELAND, FL 33801 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: THOMAS R JENKINS 04/14/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: JENKINS, THOMAS R
Address: 130 S. MASSACHUSETTS AVENUE, SUITE #501
City-St-Zip: LAKELAND, FL 33801

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: THOMAS R JENKINS P 04/14/2011
Electronic Signature of Signing Officer or Director Date