

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000085442

FILED
Apr 27, 2006
Secretary of State

Entity Name: COMPREHENSIVE INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

127 MIRACLE STRIP PARKWAY
SUITE N7
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

127 MIRACLE STRIP PARKWAY
SUITE N7
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3537050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, MICHAEL W PA
24 WALTER MARTIN RD
STE 3
FORT WALTON BEACH, FL 32548 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: P () Delete
Name: BROOKS, MARION E
Address: 127 MIRACLE STRIP PKWY. SW, STE. N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SVP () Delete
Name: FOSTER BROOKS, JANICE
Address: 127 MIRACLE STRIP PKWY. SW, STE. N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BROOKS, MARION E
Address: 127 MIRACLE STRIP PKWY. SW, STE. N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: MICKLE, DONNA C
Address: 127 MIRACLE STRIP PKWY SW, STE. N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DIR () Change (X) Addition
Name: BATY, MICHAEL
Address: 127 MIRACLE STRIP PKWY SW, STE. N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the 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: MARION E. BROOKS

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date