

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000085442

**FILED**  
**Dec 02, 2009**  
**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: PRES ( ) 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: DIR ( ) Delete  
Name: WHITING, VIOLETTA  
Address: 127 MIRACLE STRIP PKWY SW, STE. N-7  
City-St-Zip: FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: BOROUGHS, LISA D  
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 (X) Change ( ) Addition  
Name: BOROUGHS, LISA D  
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 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: LISA D. BOROUGHS

PRES

12/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date