2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 10, 2010
Secretary of State

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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:

CADENHEAD, CHRIS PA
543 HARBOR BOULEVARD
STE 202
DESTIN, FL 32541 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: CHRIS CADENHEAD 08/10/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MICKLE, D.C.
Address: 127 MIRACLE STRIP PKWY. SW, STE. N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: MEYER, SUSAN W
Address: 127 MIRACLE STRIP PKWY. SW, STE. N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: FUZZELL, CHERIE
Address: 127 MIRACLE STRIP PARKWAY SW, SUITE N7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: CADENHEAD, CHRIS
Address: 127 MIRACLE STRIP PARKWAY SW, SUITE N7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: MEYER, JOE
Address: 127 MIRACLE STRIP PARKWAY SW, SUITE N7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: MILLER, RICK
Address: 127 MIRACLE STRIP PARKWAY SW, SUITE N7
City-St-Zip: FORT WALTON BEACH, FL 32548

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: D.C. MICKLE P 08/10/2010
Electronic Signature of Signing Officer or Director Date