

No. W 57979	Due no later than Jan 31, 2008 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. INSURANCE QUOTES USA, LLC SHARON J THOMPSON 800 YAMATO RD STE 100 BOCA RATON FL 33431	NATIONAL REGISTERED AGENTS INC 1423 TYRELL LN BOISE ID 83706				
		3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	ANDREW SMITH	800 YAMATO RD STE 100	BOCA RATON	FL	USA	33431
5. Organized Under the Laws of: FL W 57979		6. Annual Report must be signed.* Signature: Andrew Smith Name (type or print): Andrew Smith Date: 11/16/2007 Title: Manager				
Processed 11/16/2007		* Electronically provided signatures are accepted as original signatures.				