

No. W 64553		Due no later than Jul 31, 2010 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		1. Mailing Address: Correct in this box if needed. AFFLUENT INSURANCE PROGRAM, LLC BRUCE P GENDELMAN 340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH FL 33480 USA		CORPORATE CREATIONS NETWORK IN 1201 N LIBERTY ST #917 BOISE ID 83704 USA		
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name BRUCE P GENDELMAN	Street or PO Address 340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH	City PALM BEACH	State FL	Country USA	Postal Code 33480
5. Organized Under the Laws of: FL W 64553	6. Annual Report must be signed.* Signature: Bruce P Gendelman Name (type or print): Bruce P Gendelman					Date: 09/30/2010 Title: Manager
Processed 09/30/2010 * Electronically provided signatures are accepted as original signatures.						