

No. <b>W 64553</b>		<b>Due no later than Jul 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  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	
				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	BRUCE P GENDELMAN	340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH	FL	USA	33480
5. Organized Under the Laws of:  <b>FL W 64553</b>		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.			