2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008757

Entity Name: KINGSWAY CONSULTANCY SERVICES LLC

FLAT 5158, GOLDEN SANDS NO. 5, PO BOX 9168

MANKHOL, DUBAI, . UAE .

Address:

City-St-Zip:

FILED Apr 28, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|------------|--------------------------------|-----------------------------------|---|--|
| 619 NEW YOR CLAYMONT, E | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 619 NEW YOR CLAYMONT, E | | | | | |
| FEI Number: | | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| CORPORATE 236 EAST 6TH TALLAHASSE | I AVENUE | | | | |
| The above nan in the State of I | | bmits this statement for the p | ourpose of changing its registere | d office or registered agent, or both | |
| SIGNATURE: | | | | | |
| | Electronic | Signature of Registered Ag | ent | Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | | |
| | GRM () D | | Title: Name: | () Change () Addition | |

Address:

City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUISA HAULIKOVA, CORPORATE BUSINESS CENTRE MS 04/28/2008