

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008757

FILED
Apr 30, 2009
Secretary of State

Entity Name: KINGSWAY CONSULTANCY SERVICES LLC

Current Principal Place of Business:

619 NEW YORK AVENUE
CLAYMONT, DE 19703

New Principal Place of Business:

619 NEW YORK AVENUE
CLAYMONT, DE 19703 US

Current Mailing Address:

619 NEW YORK AVENUE
CLAYMONT, DE 19703

New Mailing Address:

619 NEW YORK AVENUE
CLAYMONT, DE 19703 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

PACIFIC REGISTERED AGENTS, INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 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: CHARLES MATHIAS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COCKSEGE, BRENDA P
Address: FLAT 5158, GOLDEN SANDS NO. 5, PO BOX 9168
City-St-Zip: MANKHOL, DUBAI, . UAE .

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: JAHODA, RICHARD
Address: LONDYNSKA 57
City-St-Zip: PRAGUE 2, . 120 00 CZ

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, CORP BUSINESS CTR

MS

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date