

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021746

Entity Name: INDIA NETWORK SERVICES, LLC

FILED
Apr 15, 2006
Secretary of State

Current Principal Place of Business:

3145 STONEHURST CIR
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3956 TOWNCENTER BLVD
STE. 340
ORLANDO, FL 32837

New Mailing Address:

1579 LAKE RHEA DR
STE. 100
WINDERMERE, FL 34786

FEI Number: 20-2529728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMARSU, VANINADHA R
3956 TOWNCENTER BLVD
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

KAMARSU, VANINADHA R
1579 LAKE RHEA DR.
STE 100
WINDERMERE, FL 34786 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: VR KAMARSU

04/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAMARSU, VANINADHA R
Address: 3956 TOWNCENTER BLVD
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: KAMARSU, RAMA V
Address: 3956 TWONCENTER BLVD
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAMARSU, VANINADHA R
Address: 3956 TOWNCENTER BLVD #340
City-St-Zip: ORLANDO, FL 32837

Title: MGRM (X) Change () Addition
Name: KAMARSU, RAMA V
Address: 3956 TWONCENTER BLVD #340
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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: VR KAMARSU

DR

04/15/2006

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