


2005 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # F97000004311 1. Entity Name LIFE SERA, INC. |  |
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FILED
05 FEB -4 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|---|
| Principal Place of Business 5655 SPALDING DRIVE NORCROSS, GA 30092 US 736 PARK NORTH BLVD STE 100 CLARKSTON, GA 30021 | Mailing Address 5655 SPALDING DRIVE NORCROSS, GA 30092 US ← SAME |
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 58-2142226 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------|
| TITLE | CD |
| NAME | MANUSU, JOHN |
| STREET ADDRESS | 736 PARK NORTH BLVD, SUITE 100 |
| CITY-ST-ZIP | CLARKSTON, GA 30021 |
| TITLE | CEOD |
| NAME | NAIR, D HARI DR |
| STREET ADDRESS | 736 PARK NORTH BLVD, SUITE 100 |
| CITY-ST-ZIP | CLARKSTON, GA 30021 |
| TITLE | PSD |
| NAME | RUESSELER, WOLFGANG DR |
| STREET ADDRESS | 736 PARK NORTH BLVD, SUITE 100 |
| CITY-ST-ZIP | CLARKSTON, GA 30021 |
| TITLE | VP |
| NAME | TOLMAN, CYNTHIA R |
| STREET ADDRESS | 736 PARK NORTH BLVD, SUITE 100 |
| CITY-ST-ZIP | CLARKSTON, GA 30021 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

600046657786
02/15/05--01052--041 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Ruessele **WOLFGANG RUESSELER** 01/28/05 404-736-2705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #