

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 11, 2007
Secretary of State**

DOCUMENT# F97000004311

Entity Name: LIFE SERA, INC.

Current Principal Place of Business:

736 PARK NORTH BLVD.
SUITE 100
CLARKSTON, GA 30021 US

New Principal Place of Business:

Current Mailing Address:

736 PARK NORTH BLVD.
SUITE 100
CLARKSTON, GA 30021 US

New Mailing Address:

FEI Number: 58-2142226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: RUESELER, WOLFGANG
Address: 736 PARK NORTH BLVD, SUITE 100
City-St-Zip: CLARKSTON, GA 30021 US

Title: CEOD () Delete
Name: NAIR, D HARI DR
Address: 736 PARK NORTH BLVD, SUITE 100
City-St-Zip: CLARKSTON, GA 30021 US

Title: CFO (X) Delete
Name: SARDA, SUBHASH C
Address: 736 PARK NORTH BLVD, SUITE 100
City-St-Zip: CLARKSTON, GA 30021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFOD (X) Change () Addition
Name: SARDA, SUBHASH C
Address: 736 PARK NORTH BLVD, SUITE 100
City-St-Zip: CLARKSTON, GA 30021 US

Title: CEOD (X) Change () Addition
Name: NAIR, HARI DR
Address: 736 PARK NORTH BLVD, SUITE 100
City-St-Zip: CLARKSTON, GA 30021 US

Title: () Change () Addition
Name:
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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. HARI NAIR

CEO

10/11/2007

Electronic Signature of Signing Officer or Director

Date