## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000102331

SIGNATURE: DILIP TUNKI

Electronic Signature of Signing Officer or Director

Entity Name: SERENITY INFO TECH, INC.

FILED Feb 10, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
2750 PEACHTREE INDUSTRIAL BLVD SUITE E DULUTH, GA 30097							
Current Mailing Address:			New Maili	New Mailing Address:			
2750 PEACHTREE INDUSTRIAL BLVD SUITE E DULUTH, GA 30097							
FEI Number:	59-3481002	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desire	d ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
KANDALA, REDDY 7483 DEVONDALE WAY JACKSONVILLE, FL 32256 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:							
Electronic Signature of Registered Agent Date							
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS	AND DIRECTO	DRS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO () DO YEDDANAPUDI, S 1811 SANTA RITA PLEASANTON, CA	SRIKANTH AROAD, SUITE 200	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	CFO () DO TUNKI, DILIP 2750 PEACHTREE DULUTH, GA 300	E INDUSTRIAL BLVD, SUIE E	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	CTO () DO VAGIMALLA, SRIN 2750 PEACHTREE DULUTH, GA 300	NIVAS E INDUSTRIAL BLVD, SUIE E	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () DO KAKARLAPUDI, VA 1811 SANTA RITA PLEASANTON, CA	ARMA . ROAD, SUITE 200	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	( ) D <sub>1</sub>	elete	Title: Name: Address: City-St-Zip:	KALAKATA, V	) Change (X) Addition ISHNUSANKAR R RITA ROAD, SUITE 200 N, CA 94566		
Title: Name: Address: City-St-Zip:	( ) D	elete	Title: Name: Address: City-St-Zip:	BELLAM, PRA	RITA ROAD, SUITE 200		
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.							

CFO

02/10/2009

Date