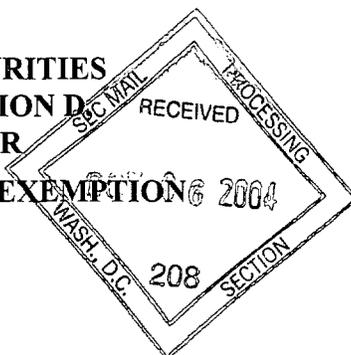


UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION



OMB APPROVAL	
SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  
Lifeline BioTechnologies, Inc.

Filing Under (Check box(es) that apply): 2 Rule 504 3 Rule 505 4 Rule 506 5 Section 4(6) 6 ULOE  
Type of Filing: 7 New Filing 8 Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer.



Name of Issuer: Lifeline BioTechnologies, Inc. (9 check if this is an amendment and name has changed, and indicate change.)

Address of Executive Offices (Number and Street, City, State, Zip Code)  
1325 Airmotive Way, Suite 175 Reno, Nevada 89502

Telephone Number (Including Area Code)  
(775) 852-3222

Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

Brief Description of Business  
Medical technology focusing on early detection enhancing technologies for breast and ovarian cancer.

PROCESSED

OCT 07 2004  
THOMSON FINANCIAL

Type of Business Organization  
10 corporation 11 limited partnership, already formed 12 other (please specify)  
13 business trust 14 limited partnership, to be formed

Actual or estimated Date of Incorporation or Organization: Month 11 Year 81 15 Actual 16 Estimated  
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: NV  
CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

**Federal:**  
**Who Must File:** All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).  
**When to File:** A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.  
**Where to File:** U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20459.  
**Copies Required:** Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.  
**Information Required:** A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B, Part E and the Appendix need not be filed with the SEC.  
**Filing Fee:** There is no federal filing fee.  
**State:**  
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

AW

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:     17 Promoter     18 Beneficial Owner     19 Executive Officer     20 Director     21 General and/or Managing Partner

Holmes, Jim D.  
Full Name (Last name, first, if individual)

1325 Airmotive Way, Suite 175, Reno, Nevada 89502  
Business or Residence Address (Name and Street, City, State, Zip Code)

Check Box(es) that Apply:     22 Promoter     23 Beneficial Owner     24 Executive Officer     25 Director     26 General and/or Managing Partner

Reeves, William  
Full Name (Last name, first, if individual)

1325 Airmotive Way, Suite 175, Reno, Nevada 89502  
Business or Residence Address (Name and Street, City, State, Zip Code)

Check Box(es) that Apply:     27 Promoter     28 Beneficial Owner     29 Executive Officer     30 Director     31 General and/or Managing Partner

Goodman, Herman  
Full Name (Last name, first, if individual)

1325 Airmotive Way, Suite 175, Reno, Nevada 89502  
Business or Residence Address (Name and Street, City, State, Zip Code)

Check Box(es) that Apply:     32 Promoter     33 Beneficial Owner     34 Executive Officer     35 Director     36 General and/or Managing Partner

Full Name (Last name, first, if individual)

Business or Residence Address (Name and Street, City, State, Zip Code)

Check Box(es) that Apply:     37 Promoter     38 Beneficial Owner     39 Executive Officer     40 Director     41 General and/or Managing Partner

Full Name (Last name, first, if individual)

Business or Residence Address (Name and Street, City, State, Zip Code)

Check Box(es) that Apply:     42 Promoter     43 Beneficial Owner     44 Executive Officer     45 Director     46 General and/or Managing Partner

Full Name (Last name, first, if individual)

Business or Residence Address (Name and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?  47 Yes  48 No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$100,000

3. Does the offering permit joint ownership of a single unit?  49 Yes  50 No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name, first, if individual)

Business or Residence Address (Name and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)

51 All States

- Grid of checkboxes for states 52-103: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, PR

Full Name (Last name, first, if individual)

Business or Residence Address (Name and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)

104 All States

- Grid of checkboxes for states 105-156: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, PR

Full Name (Last name, first, if individual)

Business or Residence Address (Name and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)

157 All States

<input type="checkbox"/> 158	<input type="checkbox"/> 159	<input type="checkbox"/> 160	<input type="checkbox"/> 161	<input type="checkbox"/> 162	<input type="checkbox"/> 163	<input type="checkbox"/> 164	<input type="checkbox"/> 165	<input type="checkbox"/> 166	<input type="checkbox"/> 167	<input type="checkbox"/> 168	<input type="checkbox"/> 169	<input type="checkbox"/> 170
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
<input type="checkbox"/> 171	<input type="checkbox"/> 172	<input type="checkbox"/> 173	<input type="checkbox"/> 174	<input type="checkbox"/> 175	<input type="checkbox"/> 176	<input type="checkbox"/> 177	<input type="checkbox"/> 178	<input type="checkbox"/> 179	<input type="checkbox"/> 180	<input type="checkbox"/> 181	<input type="checkbox"/> 182	<input type="checkbox"/> 183
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
<input type="checkbox"/> 184	<input type="checkbox"/> 185	<input type="checkbox"/> 186	<input type="checkbox"/> 187	<input type="checkbox"/> 188	<input type="checkbox"/> 189	<input type="checkbox"/> 190	<input type="checkbox"/> 191	<input type="checkbox"/> 192	<input type="checkbox"/> 193	<input type="checkbox"/> 194	<input type="checkbox"/> 195	<input type="checkbox"/> 196
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
<input type="checkbox"/> 197	<input type="checkbox"/> 198	<input type="checkbox"/> 199	<input type="checkbox"/> 200	<input type="checkbox"/> 201	<input type="checkbox"/> 202	<input type="checkbox"/> 203	<input type="checkbox"/> 204	<input type="checkbox"/> 205	<input type="checkbox"/> 206	<input type="checkbox"/> 207	<input type="checkbox"/> 208	<input type="checkbox"/> 209
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  210 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ _____	\$ _____
Equity .....	\$ _____	\$ _____
<input type="checkbox"/> 211 Common <input type="checkbox"/> 212 Preferred		
Convertible Securities (including warrants) .....	\$500,000	\$500,000
Partnership Interest .....	\$ _____	\$ _____
Other (Specify _____) .....	\$ _____	\$ _____
<b>Total .....</b>	<b>\$ 500,000</b>	<b>\$500,000</b>

Answer also in Appendix, Column 3, if filing under ULOE.

\*This amount is the aggregate exercise price; no consideration has been paid for these options. Assumes an exercise price of \$1 per share.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	-2-	\$500,000
Non-accredited Investors .....	-0-	\$ _____
<b>Total (for filing under Rule 504 only) .....</b>	<b>-2-</b>	<b>\$500,000</b>

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offering of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of Security	Type of Security	Dollar Amount Sold
Rule 505 .....	_____	\$ _____
Regulation A .....	_____	\$ _____
Rule 504 .....	_____	\$ _____
<b>Total .....</b>	_____	<b>\$ _____</b>

4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input type="checkbox"/> 213	\$ _____
Printing and Engraving Costs .....	<input type="checkbox"/> 214	\$ _____
Legal Fees .....	x215	\$13,925
Accounting Fees .....	<input type="checkbox"/> 216	\$ _____
Engineering Fees .....	<input type="checkbox"/> 217	\$ _____
Sales Commissions (specify finders' fees separately) .....	<input type="checkbox"/> 218	\$ _____
Other Expenses (identify) <u>filing and recording fees</u> .....	x219	\$500.
<b>Total .....</b>	<b>x220</b>	<b>\$14,425</b>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$485,575

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.

Table with columns: Purpose, Payments to officers, Directors & Affiliates, Payments to Others. Rows include Salaries and fees, Purchase of real estate, Purchase, rental or leasing and installation of machinery and equipment, Construction or leasing of plant buildings and facilities, Acquisition of other businesses, Repayment of indebtedness, Working capital, Other, Column Totals, Total Payments Listed.

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Signature block containing fields for Issuer (Print or Type), Signature, Date, Name of Signer (Print or Type), Title of Signer (Print or Type). Includes handwritten signature and date September 29, 2004.

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

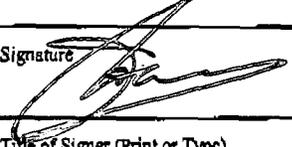
1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

240 Yes  241 No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to officers.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Lifeline BioTechnologies, Inc.	Signature 	Date September 29, 2004
Name of Signer (Print or Type) Jim D. Holmes	Title of Signer (Print or Type) Chief Financial Officer and Corporate Secretary	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN		x	Convertible Debentures	-2-	\$500,000				x
MS									
MO									
MT									
NE									
NV									
NH									

**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No			Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									