


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000010516
1. Entity Name
RELIN, INC.



Principal Place of Business
1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168

Mailing Address
1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3732845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONASSON, REYNIR
1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000421512 02/16/06-80039-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONASSON, REYNIR 1089 RED MAPLE WAY NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNISSON, THORHALLUR H VIDIGRUND 53 200 KIPAVOGUR, ICELAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BJARNASON, GUNNAR O EIKARASI 4 210 GARDABAER, ICELAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNISSON, JONAS GLITVANGI 31 220 HAFNAFJORDUR ICELAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONASSON, ELIN 1089 RED MAPLE WAY NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* _____ DATE: 01.31.06 DAYTIME PHONE #: 586.423.0348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR