


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000010516</b> 1. Entity Name RELIN, INC.	
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Principal Place of Business 1089 RED MAPLE WAY NEW SMYRNA BEACH, FL 32168	Mailing Address 1089 RED MAPLE WAY NEW SMYRNA BEACH, FL 32168
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**DO NOT WRITE IN THIS SPACE**

02022007 No Chg-P CR2E034 (11/05)

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

100000624768  
02/14/07-80049-006 150.00

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	

**DO NOT WRITE 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: X REYNIR JONASSON *Reynir Jonasson* Date: 02.02.07 Oaytime Phone #: 586 643 4831