


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P01000010516

1. Entity Name  
 RELIN, INC.



Principal Place of Business      Mailing Address

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



02052008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3732845      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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



8. The above named entity admits 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: *Jonasson PD*      DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

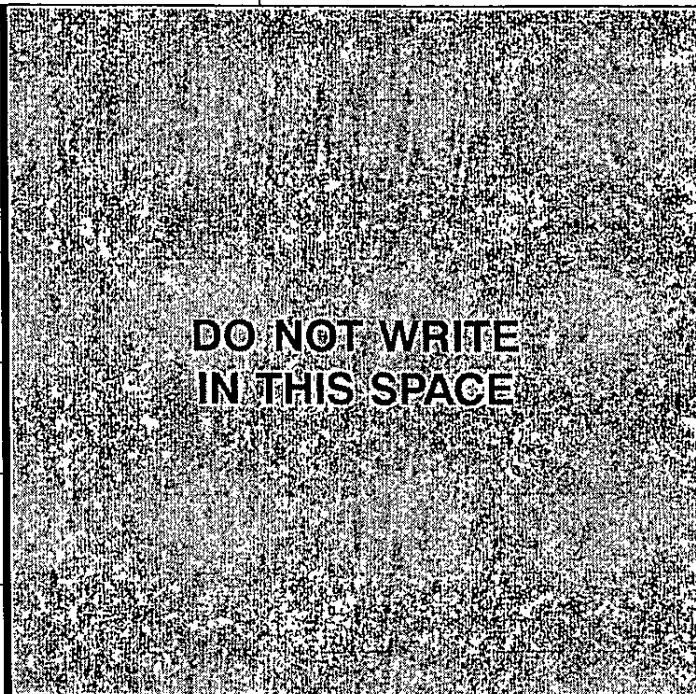
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

100000847117  
 03/15/08-80003-023 150.00

10. OFFICERS AND DIRECTORS

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



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: *Jonasson*      Date: *02.26.08*      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR