

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010516

FILED  
Feb 24, 2010  
Secretary of State

Entity Name: RELIN, INC.

**Current Principal Place of Business:**

1089 RED MAPLE WAY  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1089 RED MAPLE WAY  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 59-3732845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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 DIRECTORS:**

Title: PD  
Name: JONASSON, REYNIR  
Address: 1089 RED MAPLE WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD  
Name: REYNISSON, THORHALLUR H  
Address: VIDIGRUND 53  
City-St-Zip: 200 KIPAVOGUR, ICELAND, OC

Title: D  
Name: BJARNASON, GUNNAR O  
Address: EIKARASI 4  
City-St-Zip: 210 GARDABAER, ICELAND, OC

Title: D  
Name: REYNISSON, JONAS  
Address: GLITVANGI 31  
City-St-Zip: 220 HAFNAFJORDUR ICELAND,

Title: D  
Name: JONASSON, ELIN  
Address: 1089 RED MAPLE WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby 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 all other like empowered.

SIGNATURE: REYNIR JONASSON

PD

02/24/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date