

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # J33653 1. Entity Name RELLEUM, INC.	
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Principal Place of Business 9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109 US	Mailing Address 9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109 US
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2717868

Applied For
Not Applic.

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

6. Name and Address of Current Registered Agent

**RIHS, DOMINIQUE
5131 SUNBURY COURT
NAPLES, FL 34104**

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000434401 02/24/06-80063-013 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT MUELLER, JOHN S. 9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WARDEBERG, GREGORY A 9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOKOLOFF, MARK A. 522 MICHIGAN ST., 2ND FLOOR PORT HURON, MI 48060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOITS, ANN E 4825 MOONLIGHT WAY PARADISE VALLEY, AZ 85253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **2/1/06 (239) 566-870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #