2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33653

Entity Name: RELLEUM, INC.

THOITS, ANN É

4825 MOONLIGHT WAY

PARADISE VALLEY, AZ 85253

Name:

Address:

City-St-Zip:

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
9105 CORS NAPLES, FI		DNTANA WAY US			
Current Mailing Address:			New Mailing Address:		
9105 CORS NAPLES, FI		DNTANA WAY US			
FEI Number:	59-2717868	FEI Number Applied For()	FEI Number Not Applica	ble () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
RIHS, DOM 5131 SUNB NAPLES, FI The above r in the State	URY COUF L 34104 named entit	US	purpose of changing its r	registered office or registered agent, or both,	
SIGNATUR					
0.014/11011		onic Signature of Registered A	gent	 Date	
Election Cam	paign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	MUELLER, J	A DEL FONTANA WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	WARDEBER	() Delete G, GREGORY A EA DEL FONTANA WAY 34109	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SOKOLOFF,	AN ST., 2ND FLOOR	Address: 30	V (X) Change () Addition OKOLOFF, MARK A. 081 COMMERCE DR STE 100 ORT GRATIOT, MI 48059	
Title:	D	() Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN SCOT MUELLER CPT 01/22/2009