

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000010516

1. Entity Name
RELIN, INC.



Principal Place of Business
**1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3732845	Applied For 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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

**000000421512
02/16/06-80039-018 150.00**

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	VIDUGRUND 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 HAFNAFJORDUR 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	

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01.31.06 086.423 0348