

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000095931		
1. Entity Name RELAIN, INC.		

Principal Place of Business 249 W.S.R. 436 #1093 ALTAMONTE SPRINGS, FL 32714	Mailing Address 249 W.S.R. 436 #1093 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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FILED
07 AUG -3 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3541753	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERNANDES, REIS V 249 W.S.R. 436 #1093 ALTAMONTE SPRINGS, FL 32714	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FERNANDES, REIS V 536 ORANGE DR SUITE 23 ALTAMONTE SPRINGS, FL 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAH, SHAMJI S 104 SHREWSBURY DR. LIVINGSTON, NJ 07039 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100108202551 08/16/07-01047-009 ***61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: REIS FERNANDES 07/20/07 407-788 6004.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #