


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90002 006 \*\*\*158.75

<b>DOCUMENT # P00000081935</b> 1. Entity Name ALL THINGS RELATED, INC.	
--	---

Principal Place of Business 12852 MARIBOU CIRCLE ORLANDO, FL 32828 OR	Mailing Address 12852 MARIBOU CIRCLE ORLANDO, FL 32828 OR
---	---

**DO NOT WRITE IN THIS SPACE**



06042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3670582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  JONES, GLORIA P 12852 MARIBOU CIRCLE ORLANDO, FL 32828
---

**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 restate) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
--	--	--

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, GLORIA P 12852 MARIBOU CIRCLE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Gloria P. Jones 06/04/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40119942

#P00000081935

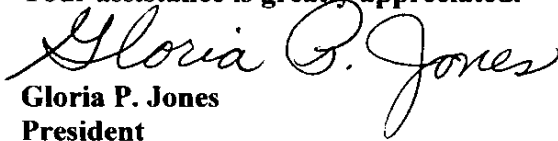
All Things Related Inc.  
12852 Maribou Cir.  
Orlando, FL 32828

May 3, 2007

To Whom It May Concern:

As of today May 3, I had not received the card notification requesting my annual report information. This prompted me to go online to check the status of the mailing. At that time I found that I'd missed the filing date. I proceeded to file but, overlooked the box requesting the fee be waved. Therefore, I am writing at this time to make that request. I have enclosed my signed report form and a check for \$158.75 in sincere hopes my request will be granted.

Your assistance is greatly appreciated.

  
Gloria P. Jones  
President