2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000002796

1. Entity Name

ALL ABOUT AQUARIUMS, INC.



Principal Place of Business

12551 INDIAN ROCKS RD

SUITE 4

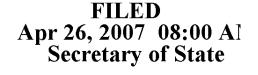
LARGO, FL 33774

Mailing Address

12551 INDIAN ROCKS RD

SUITE 4

LARGO, FL 33774





DO NOT WRITE IN THIS SPACE

03132007 No Chg-P CR2E03

CR2E034 (11/05) -

4. FEI Number 54-2090687

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, DENNIS H CPA 1000 BELCHER RD. SOUTH SUITE 2 LARGO, FL 33771

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its register	red office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registere	ed Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		* 3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTICE, ROBERT V JR. 14640 LOWE RD LARGO, FL 33774				Unnnnn734369
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/09/07-80118-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

SIGNATURE AND TYPED OR PRINTID NAME OF SIGNING OFFICER OR DIRECTO

CO189 PV

<u>/727-595-609</u>0