2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12564

Entity Name: ALESICA HOUSE OF CRAFTS, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
%WILLIAM E FORE 1034 LAKE HAVEN DRIVE LUTZ, FL 33549	

Current Mailing Address:	**New Mailing Address:**
% WILLIAM E FORE 1034 LAKE HAVEN DRIVE LUTZ, FL 33549	

FEI Number: 59-2053071   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
FORE, WILLIAM E 1034 LAKE HAVEN DRIVE LUTZ, FL 33549 US	FORE, WILLIAM E DP 1034 LAKE HAVEN DRIVE LUTZ, FL 33549 US

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.

SIGNATURE: WILLIAM E. FORE   02/27/2004
_____
Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: DP ( ) Delete Name: FORE, WILLIAM E, Address: 1034 LAKE HAVEN DRIVE City-St-Zip: LUTZ, FL 00000,	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: VS ( ) Delete Name: FORE, CHRISTINE Address: 1034 LAKEHAVEN DRIVE City-St-Zip: LUTZ, FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: WILLIAM E.FORE   DP   02/27/2004
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Electronic Signature of Signing Officer or Director   Date