

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12564

FILED  
Jan 26, 2007  
Secretary of State

Entity Name: ALESICA HOUSE OF CRAFTS, INC.

**Current Principal Place of Business:**

%WILLIAM E FORE  
1034 LAKE HAVEN DRIVE  
LUTZ, FL 33549

**New Principal Place of Business:**

%WILLIAM E FORE  
1034 LAKE HAVEN DRIVE  
LUTZ, FL 33559

**Current Mailing Address:**

% WILLIAM E FORE  
1034 LAKE HAVEN DRIVE  
LUTZ, FL 33549

**New Mailing Address:**

% WILLIAM E FORE  
1034 LAKE HAVEN DRIVE  
LUTZ, FL 33559

FEI Number: 59-2053071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORE, WILLIAM E V,D  
1034 LAKE HAVEN DRIVE  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

FORE, WILLIAM E V,D  
1034 LAKE HAVEN DRIVE  
LUTZ, FL 33559 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: \_\_\_\_\_

01/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V,D ( ) Delete  
Name: FORE, WILLIAM E V,D  
Address: 1034 LAKE HAVEN DRIVE  
City-St-Zip: LUTZ,, FL 33559

Title: P,D ( ) Delete  
Name: FORE, CHRISTINE E P,D  
Address: 1034 LAKEHAVEN DRIVE  
City-St-Zip: LUTZ, FL 33559

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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

V,D

01/26/2007

Electronic Signature of Signing Officer or Director

Date