2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098207

Name:

Address:

City-St-Zip:

KIM, DAVID S

19323 S.W. 39TH STREET

MIRAMAR, FL 33029 US

FILED Jun 16, 2004 Secretary of State

Entity Nar	ne: LEE'S ART	& CRAFT CORPORATION					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
8000 WES SUITE 729	T BROWARD E	BOULEVARD					
PLANTATI	ON, FL 33388	US					
Current M	ailing Address	:	New Maili	New Mailing Address:			
	T BROWARD E	BOULEVARD					
SUITE 729 PLANTATI) ION, FL 33388 US						
FEI Number:	Number: 54-2129221 FEI Number Applied For () FEI N		FEI Number Not App	mber Not Applicable () Certificate of Status Desired (ed ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1550 MAD SUITE 415 CORAL GA	ABLES, FL 331		ournose of changing	its registered	office or registered agent	or both	
	of Florida.	dominio ano statement for the	ourpose or onlinging	no regiotered	omee or registered agent,	or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P, D () [KIM, DONG SUN 19323 S.W. 39TH MIRAMAR, FL 33		Title: Name: Address: City-St-Zip:	PSD () KIM, DONG SI 19323 S.W. 3 MIRAMAR, FL	9TH STREET		
Title: Name: Address: City-St-Zip:	T, D ()[LEE, SANG SUB 19323 S.W. 39TH MIRAMAR, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	VP ()[Delete	Title:	() Change () Addition		

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.

Name: Address:

City-St-Zip:

SIGNATURE: DAVID S. KIM VP 06/16/2004