

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000019217

Entity Name: VISIBLE CHANGES, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

4061 BONITA BEACH ROAD, UNIT 106
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

4061 BONITA BEACH ROAD, UNIT 106
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-3408301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIRK, PAMELA J
Address: 4061 BONITA BEACH ROAD, UNIT 106
City-St-Zip: BONITA SPRINGS, FL 33923

Title: STD () Delete
Name: KIRK, THOMAS L
Address: 4061 BONITA BEACH ROAD, UNIT 106
City-St-Zip: BONITA SPRINGS, FL 33923

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 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: PAMELA J KIRK

PD

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date