

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001715

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: VISIBLE ASSETS, INC.

## Current Principal Place of Business:

9100 SOUTH DADELAND BLVD  
SUITE 106  
MIAMI, FL 33156

## New Principal Place of Business:

## Current Mailing Address:

9100 SOUTH DADELAND BLVD  
SUITE 106  
MIAMI, FL 33156

## New Mailing Address:

FEI Number: 20-1342034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIERCE, JAY  
9100 SOUTH DADELAND BLVD.  
SUITE 106  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

KOLOPER, DENI  
9100 SOUTH DADELAND BLVD.  
SUITE 106  
MIAMI, FL 33156 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: DENI KOLOPER

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: STEVENS, JOHN  
Address: 195 BUNKER HILL AVENUE  
City-St-Zip: STRATHAM, NH 03885

Title: PD ( ) Delete  
Name: PIERCE, JAY  
Address: 9100 SOUTH DADELAND BLVD, SUITE 106  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: HURST, JEFFREY  
Address: 950 WINTER STREET, SUITE 4100  
City-St-Zip: WALTHAM, MA 02451

Title: D ( ) Delete  
Name: LOOP, FLOYD  
Address: 9500 EUCLID AVENUE  
City-St-Zip: CLEVELAND, OH 44195

Title: D ( ) Delete  
Name: KIM, MICHAEL  
Address: 222 VISTA MARINA  
City-St-Zip: SAN CLEMENTE, CA 92672

Title: D ( ) Delete  
Name: PHILIPPE, DULREYRIE  
Address: 227 NORTH MURRAY AVNUE  
City-St-Zip: RIDGEWOOD, NJ 07450 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: TOOLE, PAT  
Address: 1 NORTH CASTLE DRIVE  
City-St-Zip: ARMONK, NY 10504

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

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

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 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: NORM BELLEFONTAINE

CFO

04/15/2009

Electronic Signature of Signing Officer or Director

Date