

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000003678

1. Entity Name
ITG PROPERTIES, INC.



Principal Place of Business
78 STRONGS AVE
RUTLAND, VT 05701

Mailing Address
78 STRONGS AVE
RUTLAND, VT 05701

DO NOT WRITE IN THIS SPACE

**FILED
May 09, 2005 8:00 am
Secretary of State**

05-09-2005 90293 015 ***158.75

50050886



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0365788	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERICK, STEPHEN III
3030 NE TERRACE, #7
WILTON MANORS, FL 33334

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

SGERICK (for last name change)
GERICK

(NOTE: Registered Agent signature required when reinstating)

4-30-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GERICK, STEPHEN III
STREET ADDRESS 78 STRONGS AVE
CITY-ST-ZIP RUTLAND, VT 05701

TITLE DST
NAME DAYTON, DOUGLAS
STREET ADDRESS 78 STRONGS AVE
CITY-ST-ZIP RUTLAND, VT 05701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SGERICK (for last name change)
GERICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-05

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**