
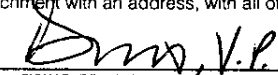


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90001 036 \*\*\*150.00

<b>DOCUMENT # J48547</b> 1. Entity Name <b>KTB INVESTMENTS, INC.</b>					
Principal Place of Business <b>% K.T. BOROWSKY 28 POST KENNEL ROAD FAR HILLS NJ 07931</b>			Mailing Address <b>P.O. BOX 1975 MORRISTOWN NJ 07962 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2749877</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>BOROWSKY, KURT T. 17408 GULF BLVD. APT. 803 REDINGTON SHORES FL 33708</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>BOROWSKY, KURT T. 28 POST KENNEL ROAD FAR HILLS NJ 07931</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Patrick W. Borowsky 330 South Street - P.O. Box 1975 Morristown, NJ 07962-1975</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>SMITH, DONALD 330 SOUTH ST. PO BOX 1975 MORRISTOWN NJ 07962-1975</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Anthony J. Romano 330 South Street - P.O. Box 1975 Morristown, NJ 07962-1975</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>HUDSON, JOHN'E 330 SOUTH ST. PO BOX 1975 MORRISTOWN NJ 07962-1975</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Susan A. Niles 330 South Street - P.O. Box 1975 Morristown, NJ 07962-1975</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>BOROWSKY, KURT R 330 SOUTH ST. PO BOX 1975 MORRISTOWN NJ 07962-1975</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>SCHUH, IRENE A 330 SOUTH ST. PO BOX 1975 MORRISTOWN NJ 07962-1975</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>BOROWSKY, CHRISTOPHER J 330 SOUTH ST. PO BOX 1975 MORRISTOWN NJ 07962-1975</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
<b>SIGNATURE:</b> 			<b>Donald R. Smith, V.P.</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>2/4/04</b> Daytime Phone # <b>(973) 290-2305</b>		



MOORE CR2E034 (11/03)