
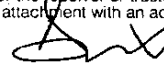


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90125 010 \*\*\*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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-2749877</b>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>BOROWSKY, KURT T. 28 POST KENNEL ROAD FAR HILLS, NJ 07931</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <b>Patrick W. Borowsky 330 South Street - P.O. Box 1975 Morristown, NJ 07962-1975</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SMITH, DONALD 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <b>Anthony J. Romano 330 South Street - P.O. Box 1975 Morristown, NJ 07962-1975</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HUDSON, JOHN E 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <b>Susan A. Niles 330 South Street - P.O. Box 1975 Morristown, NJ 07962-1975</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BOROWSKY, KURT R 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SCHUH, IRENE A 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BOROWSKY, CHRISTOPHER J 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975</b>	<input type="checkbox"/> Delete		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, Vice President</b>		<b>3/15/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	