
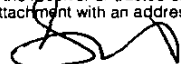


**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90255 024 \*\*\*150.00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # J48547</b> 1. Entity Name <b>KTB INVESTMENTS, INC.</b>					
Principal Place of Business <b>% K.T. BOROWSKY</b> <b>28 POST KENNEL ROAD</b> <b>FAR HILLS, NJ 07931</b>			Mailing Address <b>P.O. BOX 1975</b> <b>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		Country		4. FEI Number <b>59-2749877</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BOROWSKY, KURT T.</b> <b>17408 GULF BLVD.</b> <b>APT. 803</b> <b>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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent, and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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 BOROWSKY, KURT T. 28 POST KENNEL ROAD FAR HILLS, NJ 07931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Patrick W. Borowsky 330 South Street - P.O. Box 1975 Morristown, NJ 07962-1975
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, DONALD 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Anthony J. Romano 330 South Street - P.O. Box 1975 Morristown, NJ 07962-1975
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUDSON, JOHN E 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Susan A. Niles 330 South Street - P.O. Box 1975 Morristown, NJ 07962-1975
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOROWSKY, KURT R 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHUH, IRENE A 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOROWSKY, CHRISTOPHER J 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: 			Donald R. Smith, Vice President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/12/2006 973-290-2305 Date Daytime Phone #		

40003027



01092006 Chg-P CR2E034 (11/05)