

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # J48547

1. Entity Name
KTB INVESTMENTS, INC.



Principal Place of Business
**% K.T. BOROWSKY
28 POST KENNEL ROAD
FAR HILLS, NJ 07931**

Mailing Address
**P.O. BOX 1975
MORRISTOWN, NJ 07962 US**



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2749877	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOROWSKY, KURT T.
17408 GULF BLVD.
APT. 803
REDINGTON SHORES, FL 33708**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOROWSKY, KURT T. 28 POST KENNEL ROAD FAR HILLS, NJ 07931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, DONALD 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUDSON, JOHN E 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOROWSKY, KURT R 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHUH, IRENE A 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOROWSKY, CHRISTOPHER J 330 SOUTH ST. PO BOX 1975 MORRISTOWN, NJ 079621975

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01/08/08-80014-012 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/08 973-290-2321