

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01; 2006 08:00 AM
Secretary of State

DOCUMENT # P02000103034
 1. Entity Name
 ITB REALTY, INC.



Principal Place of Business: ONE EAST ELEVENTH STREET., STE 500 WEST PALM BEACH, FL 33404
 Mailing Address: ONE EAST ELEVENTH STREET., STE 500 WEST PALM BEACH, FL 33404

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04122006 No Chg-P CR2E034 (11/05)

4. FEI Number: 06-1648982 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCTIGHE, JOHN M
 ONE EAST ELEVENTH STREET., STE 500
 WEST PALM BEACH, FL 33404

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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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MURRAY, FRANCIS W
STREET ADDRESS	211 BENIGNO BLVD
CITY-ST-ZIP	BELLMAWR, NJ 08031
TITLE	T
NAME	WARNER, WILLIAM
STREET ADDRESS	211 BENIGNO BLVD
CITY-ST-ZIP	BELLMAWR, NJ 08031
TITLE	T
NAME	WINTERS, JERRY
STREET ADDRESS	ONE EAST ELEVENTH STREET., STE 500
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	S
NAME	MCTIGHE, JOHN M
STREET ADDRESS	ONE EAST ELEVENTH STREET., STE 500
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/17/06-80034-024 150.00

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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: John M. McTighe Secretary April 25 2006 561-845-2101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #