


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)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1648982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MURRAY, FRANCIS W 211 BENIGNO BLVD BELLMAWR, NJ 08031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARNER, WILLIAM 211 BENIGNO BLVD BELLMAWR, NJ 08031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINTERS, JERRY ONE EAST ELEVENTH STREET., STE 500 RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCTIGHE, JOHN M ONE EAST ELEVENTH STREET., STE 500 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 #