2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 838297

1. Entity Name
KIMZAY CORP.

Principal Place of Business	Mailing Address
3333 NEW HYDE PARK RD SUITE 100 NEW HYDE PARK, NY 11042	KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK, NY 11042

DO NOT WRITE IN THIS SPACE

03072006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-2587863
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

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	D
NAME	COOPER, MILTON
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PK, NY 11042
TITLE	VP
NAME	SCHINDLER, MICHAEL
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PK, NY 11042
TITLE	P
NAME	FLYNN, MIKE
STREET ADDRESS	3333 NEW HYDE PARK RD., P .O BOX 5020
CITY-ST-ZIP	NEW HYDE PK., NY 11042
TITLE	T
NAME	COHEN, GLENN
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PK., NY 11042
TITLE	VP
NAME	PAPPAGALLO, MIKE
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PARK, NY 11042
TITLE	V
NAME	YARMAK, JOEL I
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PK., NY 11042

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04/25/06-80104-024 150.00

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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: _____ 3-17-06 516-869-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael Schindler