

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000006384

1. Entity Name
KCH ACQUISITION, INC.



Principal Place of Business
**3333 NEW HYDE PARK ROAD
 SUITE 100
 NEW HYDE PARK NY 11042
 US**

Mailing Address
**KIMCO REALTY CORP.,
 P.O. BOX 5020
 NEW HYDE PK NY 11042**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

1st MOORE OR2E034 (10/04)

City & State

City & State

4. FEI Number **11-3238575**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
P
 NAME **FLYNN, MIKE**
 STREET ADDRESS **3333 NEW HYDE PARK RD., P.O BOX 5020**
 CITY-ST-ZIP **NEW HYDE PK.R NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**000000351809
 05/03/05-80002-015 150.00**

TITLE Delete
CFO
 NAME **PAPPAGALLO, MIKE**
 STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
 CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
S
 NAME **KAUDERER, BRUCE**
 STREET ADDRESS **3333 NEW HYDE PK RD. 100**
 CITY-ST-ZIP **NEW HYDE PK NY 11042**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **COOPER, MILTON**
 STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
 CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
V
 NAME **SCHINDLER, MICHAEL**
 STREET ADDRESS **3333 NEW HYDE PK.RD. 100**
 CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
V
 NAME **YARMAK, JOEL I**
 STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
 CITY-ST-ZIP **NEW HYDE PK NY 11042**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

4-29-05 5686997

KCH WCO/ BK00000000