


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 /
Secretary of State

DOCUMENT # F94000006384 1. Entity Name KCH ACQUISITION, INC.	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	02132007	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 11-3238575		
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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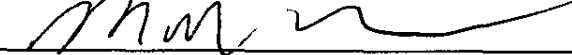
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete FLYNN, MIKE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK.R, NY	CITY-ST-ZIP	U00000750428 05/18/07-80063-005 150.00
TITLE	CFO <input type="checkbox"/> Delete PAPPAGALLO, MIKE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete KAUDERER, BRUCE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3333 NEW HYDE PK RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK, NY 11042	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete COOPER, MILTON	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete SCHINDLER, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3333 NEW HYDE PK.RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete YARMAK, JOEL I	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK, NY 11042	CITY-ST-ZIP	

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:  4/4/07 516 869 9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #