


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 819977 1. Entity Name KIMCO DELAWARE INC.	
--	---

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



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02132007 Chg-P CR2E034 (12/06)

4. FEI Number 13-6115192	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**

7. Name and Address of New Registered Agent

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 _____ (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	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete COOPER, MILTON
NAME	3333 NEW HYDE PK. RD. 100
STREET ADDRESS	NEW HYDE PK., NY 11042
CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete YARMAK, JOEL I
NAME	3333 NEW HYDE PK. RD. 100
STREET ADDRESS	NEW HYDE PK., NY 11042
CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete FLYNN, MIKE
NAME	3333 NEW HYDE PARK RD., P.O BOX 5020
STREET ADDRESS	NEW HYDE PK., NY 11042
CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete SCHINDLER, MICHAEL
NAME	3333 NEW HYDE PARK ROAD 100
STREET ADDRESS	NEW HYDE PARK, NY 11042
CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete PAPPAGALLO, MIKE
NAME	3333 NEW HYDE PK. RD. 100
STREET ADDRESS	NEW HYDE PK., NY 11042
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete KAUDERER, BRUCE
NAME	3333 NEW HYDE PK.RD. 100
STREET ADDRESS	NEW HYDE PK, NY 11042
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000750438
STREET ADDRESS	05/18/07-80063-009 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: _____ **4/5/07** **516 869 9000**

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