

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # 825420**

1. Entity Name  
**KIMCO PROPERTIES, INC.**



Principal Place of Business  
**3333 NEW HYDE PARK ROAD**  
**STE 100**  
**NEW HYDE PARK, NY 11042**

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



02132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-2731270</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07

Date

516 869 9000

Daytime Phone #