

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F71202

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE KIMCO DISTRIBUTING CORPORATION

Current Principal Place of Business:

6353 WEST ROGERS CIRCLE
BAY 3
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6353 WEST ROGERS CIRCLE
BAY 3
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-2183570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOHSE, VIRGINIA
7225 N.W. 5TH AVENUE
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LOHSE, HAL,
Address: 6353 W. ROGERS CIR.
City-St-Zip: BOCA RATON, FL

Title: P () Delete
Name: LOHSE, VIRGINIA,
Address: 6353 W. ROGERS CR.
City-St-Zip: BOCA RATON, FL

Title: VP () Delete
Name: PETERSON, KAREN,
Address: 6353 W. ROGERS CR.
City-St-Zip: BOCA RATON, FL

Title: S () Delete
Name: LOHSE, KM,
Address: 6353 W. ROGERS CR.
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LOHSE, KIM,
Address: 6353 W. ROGERS CR.
City-St-Zip: BOCA RATON, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA LOHSE

P

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date