

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 07, 2007
Secretary of State**

DOCUMENT# F71202

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:

8310 MORLEY ROAD
CONCORD, OH 44060

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
6353 WEST ROGERS CIRCLE
STE 3
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

SCOTT A. ELK, P.A.
4800 N. FEDERAL HIGHWAY
SUITE 200 E
BOCA RATON, FL 33431 US

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: SCOTT A. ELK

09/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D (X) Delete
Name: LOHSE, KAREN
Address: 8310 MORLEY ROAD
City-St-Zip: CONCORD TWP, OH 44060

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: LOHSE, KAREN
Address: 8310 MORLEY ROAD
City-St-Zip: CONCORD, OH 44060

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KAREN LOHSE

DPTS

09/07/2007

Electronic Signature of Signing Officer or Director

Date