2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # P00000052930** 1. Entity Name KIMCO INSURANCE, INC. Principal Place of Business Mailing Address 239 HUNT CLUB BLVD. 239 HUNT CLUB BLVD. LONGWOOD, FL: 32779 LONGWOOD, FL 32779 CR2E034 (11/05) 04162007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3645478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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 lamillar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be U00000722356 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees 05/02/07-80028-022 150.00 Trust Fund Contribution. OFFICERS AND DIRECTORS **PSTD** TITLE WOLFFBRANDT-WILLIAMS, KIMBERLY NAME STREET ADDRESS 185 HAVILAND PT CITY-ST-ZIP LONGWOOD, FL 32779 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TTILE NAME र्के के अधिकार देखार ए एउट के देखा है। इ.स.च्याची १८८७ व्हें र १५ वर्ष १५ वर्ष १ 19. (U.S. 1,1900 STREET ADDRESS £ 5 101 c CITY-ST-ZIP ΠΠE NAME 1.1 STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality 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 it 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.

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CITY-ST-ZIP ' :