2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 09, 2007 08:00 AM **Secretary of State** DOCUMENT # P03000105164 KAHN CORPORATION Principal Place of Business Mailing Address 10722 KIRKALDY LANE 10722 KIRKALDY LANE BOCA RATON, FL 33498 BOCA RATON, FL 33498 02152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2130395 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent BELSON, STEVEN A ESQ DO NOT WRITE **BELSON & LEWIS, LLP** 2500 N MILITARY TRL, SUITE 465 IN THIS SPACE BOCA RATON, FL 33431 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 SIGNATURE Signature, typed or printed name of registered agent and little lif applicable. (NOTE: Registered Agent signature required when reinstating) U00000660815 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 03/20/07-80014-020 150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE NAME KAHN, MURIEL STREET ADDRESS 10722 KIRKALDY LANE CITY-ST-ZIP BOCA RATON, FL 33498 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information subplied 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 thustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with all address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

(561) 483-3739