2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P08000019681

Entity Name: KIMCO CCTV INC

Current Principal Place of Business:

8255 WEST SUNRISE BLVD. #221
PLANTATION, FL 33322 US

New Principal Place of Business:

1730 NORTHWEST 81ST WAY
PLANTATION, FL 333225471 US

Current Mailing Address:

8255 WEST SUNRISE BLVD. #221
PLANTATION, FL 33322 US

New Mailing Address:

C/O GRUBER AND ASSOCIATES, P.A.
6550 NORTH FEDERAL HIGHWAY, SUITE 522
FORT LAUDERDALE, FL 333081417 US

FEI Number: 26-2124297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRUBER, RICHARD
6550 NORTH FEDERAL HWY.
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

LITTLEJOHN, KIM D
1730 NORTHWEST 81ST WAY
PLANTATION, FL 333225471 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: KIM D. LITTLEJOHN 04/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LITTLEJOHN, KIM D
Address: 8255 WEST SUNRISE BLVD. #221
City-St-Zip: PLANTATION, FL 33322 US

Title: TRES (X) Delete
Name: LITTLEJOHN, KIM D
Address: 8255 WEST SUNRISE BLVD. #221
City-St-Zip: PLANTATION, FL 33322 US

Title: SECT (X) Delete
Name: LITTLEJOHN, KIM D
Address: 8255 WEST SUNRISE BLVD. #221
City-St-Zip: PLANTATION, FL 33322 US

Title: DIR (X) Delete
Name: LITTLEJOHN, KIM D
Address: 8255 WEST SUNRISE BLVD. #221
City-St-Zip: PLANTATION, FL 33322 US

Title: DIR (X) Delete
Name: LITTLEJOHN, SR., CHARLES D
Address: 8255 WEST SUNRISE BLVD. #221
City-St-Zip: PLANTATION, FL 33322 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: LITTLEJOHN, KIM D
Address: 1730 NORTHWEST 81ST WAY
City-St-Zip: PLANTATION, FL 333225471 US

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: ( ) 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: KIM D. LITTLEJOHN P 04/21/2009
Electronic Signature of Signing Officer or Director Date