


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P94000068381 1. Entity Name KIMCO FT. PIERCE 147, INC.	
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Principal Place of Business 3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK, NY 11042	Mailing Address KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK, NY 11042
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	02132007	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3272388		
City & State	City & State	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete YARMAK, JOEL I	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000750447
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	05/18/07-80063-014 150.00
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete SCHINDLER, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3333 NEW HYDE PARK RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete FLYNN, MIKE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK, NY	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete PAPPAGALLO, MIKE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete KAUDERER, BRUCE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK, NY 11042	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete COHEN, GLENN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	CITY-ST-ZIP	

12. I hereby certify that the information supplied 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 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.

SIGNATURE:  **4/4/07** **516 869 9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #