


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000005063</b>					
1. Entity Name <b>KIMCO ORLANDO 638, INC.</b>					
Principal Place of Business <b>3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK NY 11042</b>			Mailing Address <b>POST OFFICE BOX 5020 NEW HYDE PARK NY 11042-0020</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0667618</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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				DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					



1st MOORE CR2E034 (10/05)

<b>FILE NOW!!! FEE IS \$150.00</b>		<b>After May 1, 2006 Fee Will Be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE VP	YARMAK, JOEL I <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3333 NEW HYDE PARK ROAD, SUITE 100		NAME	<b>U60000502373</b>	
STREET ADDRESS	NEW HYDE PARK NY 11042		STREET ADDRESS	<b>04/25/06 80101-018 150.00</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VP	SCHINDLER, MICHAEL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3333 NEW HYDE PARK ROAD, SUITE 100		NAME		
STREET ADDRESS	NEW HYDE PARK NY 11042		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE CFO	PAPPAGALLO, MIKE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3333 NEW HYDE PARK ROAD		NAME		
STREET ADDRESS	NEW HYDE PARK NY 11042		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE P	FLYNN, MIKE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3333 NEW HYDE PARK ROAD		NAME		
STREET ADDRESS	NEW HYDE PARK NY 11042		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE T	COHEN, GLENN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3333 NEW HYDE PARK ROAD		NAME		
STREET ADDRESS	NEW HYDE PARK NY 11042		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE S	KAUDERER, BRUCE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3333 NEW HYDE PARK ROAD		NAME		
STREET ADDRESS	NEW HYDE PARK NY 11042		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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:**  **3-17-06 516-869-9000**