


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P99600086260
1. Entity Name
KIMCO REGENCY PLAZA 207, INC.



Principal Place of Business Mailing Address
**3333 NEW HYDE PARK RD.
SUITE 100
NEW HYDE PARK NY 11042-0020** **3333 NEW HYDE PARK RD.
NEW HYDE PARK NY 11042-0020**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)
4. FEI Number Applied For
58-2495282 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete SCHINDLER, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHINDLER, MICHAEL	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, MARTIN S	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, MICHAEL J	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARMAK, JOEL I	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAGALLO, MICHAEL	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GLENN	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	

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04/25/06 30087-018 150.00

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 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:  3-17-06 576-869-9000