


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90039 014 ***150.00

DOCUMENT # F95000001068
 1. Entity Name
KALWALL CORP.



Principal Place of Business: **1111 CANDIA RD. MANCHESTER, NH 03109**
 Mailing Address: **PO BOX 4105 TAX DEPT MANCHESTER, NH 03108-4105**

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

City & State

Zip Country



01292004 Chg-P CR2E034 (10/03)

4. FEI Number: **02-0237271**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE, FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KELLER, RICHARD R	
STREET ADDRESS	1111 CANDIA ROAD	
CITY-ST-ZIP	MANCHESTER, NH 03109	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KELLER, BRUCE M	
STREET ADDRESS	1111 CANDIA ROAD	
CITY-ST-ZIP	MANCHESTER, NH 03109	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEVERANCE, RICHARD	
STREET ADDRESS	41 UNION ST	
CITY-ST-ZIP	MANCHESTER, NH	
TITLE	C	<input type="checkbox"/> Delete
NAME	KELLER, ROBERT R	
STREET ADDRESS	41 UNION ST	
CITY-ST-ZIP	MANCHESTER, NH	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, ROBERT R JR	
STREET ADDRESS	41 UNION ST	
CITY-ST-ZIP	MANCHESTER, NH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katherine Garfield	
STREET ADDRESS	41 Union St	
CITY-ST-ZIP	Manchester, NH 03103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Katherine Garfield Date: 1/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #