


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000001068**  
 1. Entity Name  
**KALWALL CORP.**



Principal Place of Business 1111 CANDIA RD. MANCHESTER, NH 03109	Mailing Address POB 4105 LICONSING DEPT MANCHESTER, NH 03108-4105
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**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0237271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLER, RICHARD R 1111 CANDIA ROAD MANCHESTER, NH 03109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLER, BRUCE M 1111 CANDIA ROAD MANCHESTER, NH 03109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARFIELD, KATHERINE 41 UNION ST MANCHESTER, NH 03103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KELLER, ROBERT R 41 UNION ST MANCHESTER, NH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, ROBERT R JR 41 UNION ST MANCHESTER, NH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000678059  
 04/02/07-80018-003 150.00

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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:** Walter B. [Signature] **TREASURER** 3/19/07 (603) 627-7887  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #