


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90002 038 \*\*\*150.00

<b>DOCUMENT # F92000000108</b>					
1. Entity Name NEW HAMPSHIRE STRUCTURES UNLIMITED, INC.					
Principal Place of Business 88 PINE STREET MANCHESTER, NH 03103			Mailing Address P.O. BOX 4105 LICENSING DEPT MANCHESTER, NH 03108-4105		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03192007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 02-0275498	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST SUITE 105 TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLER, ROBERT R JR ROCKY POINT ROAD BOW, NH 03304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 UNION STREET MANCHESTER, NH 03103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARFIELD, KATHERINE 13 AUDLEY DIVIDE BOW, NH 03304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 UNION STREET MANCHESTER, NH 03103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KELLER, ROBERT R 10 HERITAGE ROAD BEDFORD, NH 03102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 UNION STREET MANCHESTER, NH 03103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, RICHARD R STRAWBERRY HILL ROAD BEDFORD, NH 03102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1111 CANDIA ROAD MANCHESTER, NH 03103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLER, BRUCE M 1111 CANDIA ROAD MANCHESTER, NH 03109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Katherine Garfield</u>		TREASURER <u>3/27/07</u>		<u>(603) 271-7887</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	