
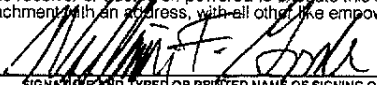


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P22899					
1. Entity Name CALIFORNIA PRODUCTS CORPORATION					
Principal Place of Business 150 DASCOMB ROAD ANDOVER, MA 01810 US			Mailing Address 150 DASCOMB ROAD ANDOVER, MA 01810 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	U00000178288 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/10/05-80085-014 150.00	
NAME	GOODE, WILLIAM F		NAME		
STREET ADDRESS	46 DAVEGAR RD		STREET ADDRESS		
CITY-ST-ZIP	TEWKSBURY, MA 01876		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEANGELIS, JOSEPH		NAME		
STREET ADDRESS	25 APPLETON ROAD		STREET ADDRESS		
CITY-ST-ZIP	WAKEFIELD, MA 01880		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOHR, DAVID G.		NAME		
STREET ADDRESS	35 WALTZ WAY		STREET ADDRESS		
CITY-ST-ZIP	CHEPACHET, RI 02814		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODHULL, ROGER W.		NAME		
STREET ADDRESS	44 MACK HILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	AMHERST, NH 03031		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUCKER, ARTHUR F.		NAME		
STREET ADDRESS	39 ALDERBROOK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TOPSFIELD, MA 01983		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHILD, RONALD B.		NAME		
STREET ADDRESS	28 OLDE FARMS ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOXFORD, MA		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)(f), 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: 		1/3/2005		978 623-9980 x274	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	