


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 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
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-1143180	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
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ 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

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	AT GOODE, WILLIAM F 46 DAVEGAR RD TEWKSBURY, MA 01876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEANGELIS, JOSEPH 25 APPLETON ROAD WAKEFIELD, MA 01880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOHR, DAVID G. 35 WALTZ WAY CHEPACHET, RI 02814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODHULL, ROGER W. 44 MACK HILL ROAD AMHERST, NH 03031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TUCKER, ARTHUR F. 39 ALDERBROOK DRIVE TOPSFIELD, MA 01983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHILD, RONALD B. 28 OLDE FARMS ROAD BOXFORD, MA

1100000386232
 01/18/06-80050-019 150.00

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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: William F. Goode **1/5/06** 978 623-9980 x274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #