


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000005393 1. Entity Name FLUID POWER PRODUCTS, INC.	
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Principal Place of Business 302 TURNPIKE ROAD SOUTHBORO, MA 01772	Mailing Address P.O. BOX 408 SOUTHBORO, MA 01772
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2349038	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREEN, JOHN P 1777 NORTHGATE BLVD UNIT A5 SARASOTA, FL 34234
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DO NOT WRITE IN THIS SPACE

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 _____

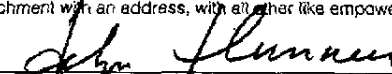
**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PD CUNNEEN, BRUCE R 84 EAST PLAIN STREET WAYLAND, MA 01778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PECORARO, JOHN 20 WELCOME ROAD SMITHFIELD, RI 02197
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, JOHN F 2403 ARBORFIELD SQUARE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, MELVIN 42 CLIFFSIDE DRIVE PLYMOUTH, MA 02360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCD CUNNEEN, JOHN J 116 PINE HILL ROAD SOUTHBOROUGH, MA 01772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNEEN, MICHELE F 84 E. PLAIN ST. WAYLAND, MA 01778

<p>000000434989 02/25/06-80023-024 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 508-481-8881
Date Daytime Phone #