


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000006418</b>		
1. Entity Name <b>KAYTEE PRODUCTS INCORPORATED</b>		
Principal Place of Business <b>1340 TREAT BLVD. # 600 WALNUT CREEK, CA 94598 US</b>	Mailing Address <b>1340 TREAT BLVD. # 600 WALNUT CREEK, CA 94598 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 filing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEST, RICHARD 1340 TREAT BLVD., SUITE 600 WALNUT CREEK, CA 94597	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GEDMAN, STACY 1340 TREAT BLVD., SUITE 600 WALNUT CREEK, CA 94597	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIM, JIM 1340 TREAT BLVD., SUITE 600 WALNUT CREEK, CA 94597	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOOTH, STUART W 1340 TREAT BLVD., SUITE 600 WALNUT CREEK, CA 94597	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVOTNY, GLENN W 1340 TREAT BLVD., SUITE 600 WALNUT CREEK, CA 94597	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD KANE, TIMOTHY J 1340 TREAT BLVD., SUITE 600 WALNUT CREEK, CA 94597	
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><i>Tim Kane</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-18-06</b> <small>Date Daytime Phone #</small>



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>39-0399490</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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05/06/06-80107-018 150.00