

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P39288 1. Entity Name CENTRAL GARDEN & PET COMPANY	
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Principal Place of Business 1340 TREAT BLVD STE 600 WALNUT CREEK, CA 94597 US	Mailing Address 1340 TREAT BLVD STE 600 WALNUT CREEK, CA 94597 US
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04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0275553	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

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BROWN, WILLIAM E
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	PD
NAME	NOVOTNY, GLENN W
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	S
NAME	BOOTH, STUART
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	D
NAME	CHICHESTER, DAVID N
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	D
NAME	PENNINGTON, BROOKS M III
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	D
NAME	WESTPHAL, BRUCE A
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597

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05/06/06-80107-019 150.00

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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: T. K. 4-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #