

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number:

3235-0076

Expires:

May 31, 2005

Estimated average burden

hours per response......16.00

SEC USE ONLY							
Prefix		Serial					
	DATE RECEIVED						

Name of Offering ([] check if this is an am									
CellCyte Genetics Corporation									
Filing Under (Check box(es) that apply):	[X] Rule 506	[]Section 4(6) PCKULOE						
Type of Filing: [X] New Filing	[] Amendment				CORINED CO				
A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about		43							
Name of Issuer ([] check if this is an amen	dment and name has change	d, and indicate ch	ange.)	Ris I	105 68				
CellCyte Genetics Corporation				. 196	185/49/				
Address of Executive Offices	er (Including Area G	Code)/							
1815 East Lancaster Road, Freeland, Was	shington 98249		(206) 910-9244	i					
Address of Principal Business Operations	Telephone Number	er (Including Area)	pdp-popp.						
(if different from Executive Offices)				<i>\\\\</i>					
Brief Description of Business	W FEB	07 2005							
Biotechnology research and development									
Type of Business Organization					OWISON				
[X] corporation		[] other (please	CANCLENE						
[] business trust	[] limited partnershi	p, to be formed							
	N	Month Ye	ear						
Actual or Estimated Date of Incorporation of		[01]	[05]	[X] Actual	[] Estimated				
Jurisdiction of Incorporation or Organization	n: (Enter two-lette	r U.S. Postal Servi	ice abbreviation for	State:					
	CN for Canada;	risdiction)		[WA]					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

States

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner [] General and/or Managing Partner	[X] Executive Officer	[X] Director							
Full Name (Last name first, if indi-										
Reys, Gary A.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
c/o CellCyte Genetics Corporation, 1815 East Lancaster Road, Freeland, WA 98249										
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner [] General and/or Managing Partner	[X] Executive Officer	[X] Director							
Full Name (Last name first, if indiv	vidual)									
Berninger, Ph.D., Ronald W.	the State of the S	the state of the s	A. Processor							
	umber and Street, City, State, Zip Code)									
10018 64th Place West, Mukilted		F.1.D.								
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director							
Full Name (Last name first, if indiv	vidual)									
Business or Residence Address (N	umber and Street, City, State, Zip Code)									
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director							
Full Name (Last name first, if indi-										
Business or Residence Address (N	umber and Street, City, State, Zip Code)									
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	_ [] Executive Officer	[] Director							
Full Name (Last name first, if indiv	vidual)									
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director							
Full Name (Last name first, if indiv	vidual)									
Business or Residence Address (N	umber and Street, City, State, Zip Code)									
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director							
Full Name (Last name first, if indiv										
Business or Residence Address (N	umber and Street, City, State, Zip Code)									
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director							
Full Name (Last name first, if indiv										
Business or Residence Address (N	umber and Street, City, State, Zip Code)									

B. INFORMATION ABOUT OFFERING														
Yes 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?														
2. What is the minimum investment that will be accepted from any individual?										\$ <u>N/A</u>				
Yes No 3. Does the offering permit joint ownership of a single unit? [X] []										_				
Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NONE														
	me (Last na													
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name o	f Associate	d Broker	or Dealer					-						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)														
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[СА] [КҮ] [NJ] [ТХ]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
	(Check '	'All States	s" or check	individua	l States)	•••••							[] All States	
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)														
	(AL) (IL) (MT) [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)														

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SEC 1972 (1/94)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt Equity..... [] Common [] Preferred Convertible Securities (Debentures and Warrants) Partnership Interests.... Other (specify) \$ \$1,000,000 180,000 Total..... Answer also in Appendix, Column 3, if filing Under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases Accredited Investors Non-accredited Investors Total (for filings Under Rule 504 Only)..... Answer also in Appendix, Column 4 if filing under ULOE 3. If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505..... Regulation A Rule 504..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate...

Printing and Engraving Costs []
Legal Fees [X]

Accounting Fees []
Engineering Fees []
Sales Commissions (Specify finder's fees separately) []
Other Expenses []
Total [X]

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2,000

2,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."..... 998,000 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, & Affiliates Payments To Others Salaries and fees _[]_ Purchase of real estate.... Purchase, rental or leasing and installation of machinery and equipment...... ____] Construction or leasing of plant buildings and facilities...... _[] Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another ____[] Repayment of indebtedness ____[] Working capital ____[X] Other: _____ __[]___ Column totals _[X] 998,000 Total payments listed (column totals added) 998,000 D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) January 31, 2005 CellCyte Genetics Corporation Name of Signer (Print or Type) Title of Signer (Print or Type) Ronald W. Berninger, Ph.D. **Executive Vice President and Secretary**

Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)