2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004322

Entity Name: CONNECTICUT ENERGY SERVICES INC.

FILED May 31, 2005 Secretary of State

Littly Na	me. CONNEC	TICOT LINEROT SERVICES,	IIVC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	MINGTON AVEN TON, CT 0603	NUE, SUITE 160 32				
Current Mailing Address:			New Mailing Address:			
	MINGTON AVEN TON, CT 0603	NUE, SUITE 160 22				
FEI Number	: 06-1625098	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address	of New Registered Agent:	
1200 SOU	PORATION SYS ITH PINE ISLAI ION, FL 33324	ND ROAD				
	e named entity s e of Florida.	submits this statement for the	purpose of changing	its register	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANG	SES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CHRISTMAN, P	ON AVE STE 160	Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	GURDOTTI, HA	ON AVE STE 160	Title: Name: Address: City-St-Zip:		(X) Change()Addition , HAROLD IINGTON AVE STE 160 TON, CT 06032	
Title: Name: Address: City-St-Zip:	BROWN, ROBE	ON AVE STE 160	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TCFO () ANDERSON, PA 270 FARMINGT FARMINGTON,	ON AVE	Title: Name: Address: City-St-Zip:	270 FARM	(X) Change()Addition N, PADRUIG IINGTON AVE TON, CT 06032	
Title: Name: Address:	AS () SMITH, ALLISO 400 MAIN STRE		Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PADRUIG ANDERSON CFO 05/31/2005

City-St-Zip: EAST HARTFORD, CT 06108