


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002960
 1. Entity Name
 C.E.I. INVESTMENT CORP.



Principal Place of Business
 200 PRATT ST.
 MERIDEN, CT 06450

Mailing Address
 200 PRATT ST.
 MERIDEN, CT 06450



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 06-1098564

Applied For
 Not Applicable

5. Certificate of Status Desired \$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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	CARABETTA, JOSEPH F
STREET ADDRESS	200 PRATT ST.
CITY - ST - ZIP	MERIDEN, CT 06450
TITLE	P
NAME	CARABETTA, SALVATORE P
STREET ADDRESS	200 PRATT ST.
CITY - ST - ZIP	MERIDEN, CT 06450
TITLE	VP
NAME	CARABETTA, RALPH
STREET ADDRESS	200 PRATT ST.
CITY - ST - ZIP	MERIDEN, CT 06450
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/03/05-80001-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Salvatore R. Carabetta 2/28/05 203 639 5137
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #