


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F03000002960</b>	
1. Entity Name C.E.I. INVESTMENT CORP.	

Principal Place of Business 74 CAMBRIDGE ST MERIDEN, CT 06450	Mailing Address 74 CAMBRIDGE ST MERIDEN, CT 06450
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**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1098564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

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

000000751415  
 05/18/07-80102-003 50.00

**DO NOT WRITE IN THIS SPACE**

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** *Riz Stokes - Auth. Rep.* **DATE** *4/30/07* **DAYTIME PHONE #** *972-272-3674*