

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004949

FILED
Apr 19, 2006
Secretary of State

Entity Name: GALLEON ARTIFACTS CORPORATION

Current Principal Place of Business:

6 BIGELOW STREET
SOMERVILLE, MA 02143

New Principal Place of Business:

Current Mailing Address:

6 BIGELOW STREET
SOMERVILLE, MA 02143

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARINO, ANTHONY
565 108TH AVE., NORTH
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SENTNER, DENNIS
Address: 105 FRANKLIN AVENUE
City-St-Zip: REVERE, MA 02151

Title: SD () Delete
Name: FEDELE, ROBERT
Address: 6 BIGELOW STREET
City-St-Zip: SOMERVILLE, MA 02143

Title: T () Delete
Name: MADDALO, CANDACE
Address: 257 CAMBRIDGE STREET
City-St-Zip: CAMBRIDGE, MA 02141

Title: D () Delete
Name: DIAMOND, FREDERICK C
Address: 23 V.F.W. PARKWAY
City-St-Zip: REVERE, MA 02151

Title: D () Delete
Name: GUARINO, ANTHONY
Address: 27 RUNNING BROOK ROAD
City-St-Zip: W. ROXBURY, MA 02132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: ROBERT FEDELE

SEC/

04/19/2006

Electronic Signature of Signing Officer or Director

Date