



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P25209</b> 1. Entity Name <b>GALLEON ARTIFACTS CORPORATION</b>	
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Principal Place of Business <b>235 VISCOLOID AVE. LEOMINSTER, MA 01453</b>	Mailing Address <b>235 VISCOLOID AVE. LEOMINSTER, MA 01453</b>
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**DO NOT WRITE IN THIS SPACE**

	
05042004	No Chg-P CR2E034 (10/03)
4. FEI Number <b>04-3052563</b>	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  
**P.B. PORTMANN & ASSOCIATES, INC.  
17961 APRIL LANE  
JUPITER, FL 33458**

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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 \_\_\_\_\_

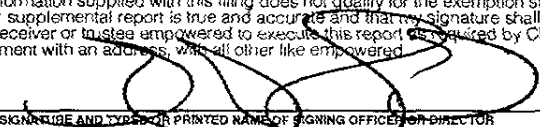
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PTD ZICHELE, PETER F 235 VISCOLOID AVE. LEOMINSTER, MA 01453
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VSD ZICHELE, JOHN J 235 VISCOLOID AVE. LEOMINSTER, MA 01453
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1000000161464  
05/25/04-80001-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_