



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000009213</b> 1. Entity Name <b>CRITICAL MASS ARTPLOSION INCORPORATED</b>			
Principal Place of Business <b>P.O. BOX 40692 ST PETERSBURG, FL 33743</b>		Mailing Address <b>P.O. BOX 40692 ST PETERSBURG, FL 33743</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 02232006 No Chg-NP CR2E037 (11/05)	
4. FEI Number <b>02-0656780</b>		Applied For <input type="checkbox"/> 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  <b>DEMEO, MARK F 720 7TH AVE N UNIT 8 ST PETERSBURG, FL 33701</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEMEO, MARK F 720 7TH AVE N UNIT 8 ST PETERSBURG, FL 33701		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SARNO, CATHERYN 520 S ARMEINA AVE 1222 TAMPA, FL 33608		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, GABRIEL 5885 110TH AVE N PINELLAS PK, FL 33762		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 617, 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.			
<b>SIGNATURE:</b> <i>Mark F. Demio</i> Mark F Demio		Date <i>2/23/06</i> 727 Daytime Phone # <i>341-4615</i>	