## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000001050

Entity Name: KABOOM!, INC.

FILED Jul 10, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Busine	New Principal Place of Business:	
SUITE B10	NECTICUT AVE NW 0 TON, DC 20008			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
SUITE B10	NECTICUT AVE NW 0 TON, DC 20008			
	52-1970904 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not a Address of Current Registered Agent:		ate of Status Desired (X)	
1200 SOUT	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324 US			
The above in the State	named entity submits this statement for the pure of Florida.	oose of changing its registered office or r	registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agen		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete ROSENZWEIG, NANCY 4455 CONNECTICUT AVE NW WASHINGTON, DC 20008	Title: ( ) Change Name: Address: City-St-Zip:	( ) Addition	
Title: Name: Address: City-St-Zip:	CEO ( ) Delete HAMMOND, DARELL 4455 CONNECTICUT AVE NW, SUITE B100 WASHINGTON, DC 20008	Title: ( ) Change Name: Address: City-St-Zip:	( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete BOWMAN, BRUCE 4455 CONNECTICUT AVE NW WASHINGTON, DC 20008	Title: ( ) Change Name: Address: City-St-Zip:	( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete DIXON, KIM 4455 CONNECTICUT AVE NW WASHINGTON, DC 20008	Title: ( ) Change Name: Address: City-St-Zip:	( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete HEIDELBERGER, BRIAN 4455 CONNECTICUT AVE NW WASHINGTON, DC 20008	Title: ( ) Change Name: Address: City-St-Zip:	( ) Addition	
Title: Name: Address: City-St-Zip:	D () Delete D'AMELIO, PETER 4455 CONNECTICUT AVE NW WASHINGTON, DC 20008	Title: D (X) Change Name: SHAW, BRAD Address: 4455 CONNECTICUT AV City-St-Zip: WASHINGTON, DC 2000	E NW	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARELL HAMMOND CEO 07/10/2006