

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000620

FILED
Aug 02, 2006
Secretary of State

Entity Name: BLUE CAPITAL MANAGEMENT, INC.

Current Principal Place of Business:

400 INTERSTATE NORTH PARKWAY
SUITE 500
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

400 INTERSTATE NORTH PARKWAY
SUITE 500
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 20-0135248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CS () Delete
Name: DOMBROWSKI, ACHIM
Address: 400 INTERSTATE NORTH PARKWAY, SUITE 500
City-St-Zip: ATLANTA, GA 30339

Title: DPT () Delete
Name: SEELHEIM, REINER
Address: 400 INTERSTATE NORTH PARKWAY, SUITE 500
City-St-Zip: ATLANTA, GA 30339

Title: VP () Delete
Name: ROGER, LINDA
Address: 400 INTERSTATE NORTH PARKWAY, SUITE 500
City-St-Zip: ATLANTA, GA 30339

Title: VP () Delete
Name: LINARES, DANET
Address: 100 SE 2ND ST,
City-St-Zip: MIAMI, FL 33131

Title: VP () Delete
Name: ALDRICH, ROBERT
Address: 400 INTERSTATE NORTH PARKWAY, SUITE 500
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
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 ALDRICH

VP

08/02/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date