



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90068 030 ***150.00

DOCUMENT # F0400000620			
1. Entity Name BLUE CAPITAL MANAGEMENT, INC.			
Principal Place of Business 400 INTERSTATE NORTH PARKWAY SUITE 500 ATLANTA, GA 30339		Mailing Address 400 INTERSTATE NORTH PARKWAY SUITE 500 ATLANTA, GA 30339	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 20-0135248		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS DOMBROWSKI, ACHIM <input checked="" type="checkbox"/> Delete 400 INTERSTATE NORTH PARKWAY, SUITE 500 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Robert M. Aldrich <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 Interstate North Pkwy, #500 Atlanta, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SEELHEIM, REINER <input checked="" type="checkbox"/> Delete 400 INTERSTATE NORTH PARKWAY, SUITE 500 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD Dr. Harold Huth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 Interstate North Pkwy, #500 Atlanta, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGER, LINDA <input checked="" type="checkbox"/> Delete 400 INTERSTATE NORTH PARKWAY, SUITE 500 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Charles Penny <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 Interstate North Pkwy, #500 Atlanta, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINARES, DANET <input type="checkbox"/> Delete 100 SE 2ND ST, MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS J. Greer Cummings Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1600 Division Street, #700 Nashville, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALDRICH, ROBERT <input checked="" type="checkbox"/> Delete 400 INTERSTATE NORTH PARKWAY, SUITE 500 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Joerg Joester von Samson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 Interstat North Pkwy, #500 Atlanta, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		5/2/07 678-383-4104	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	