DOCUMENT # E04000000620



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name BLUE CAPITAL MANAGEMENT, INC.					05-03-2007 90068 030 ***150.00		
Principal Place of Business 400 INTERSTATE NORTH PARKWAY SUITE 500 ATLANTA, GA 30339		Mailing Address 400 INTERSTATE NORTH PARKWAY SUITE 500 ATLANTA, GA 30339			: 1031103 1111 03111 01511 00511 00511 05111 05111 05111 05111 05111	 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05022007 Chg-P CR2E034 (12/06)		
City & State		City & State			4. FEI Number Applied 20-0135248 Not Ap	d For plicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Addition Fee Required	nal	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Nar	Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Stre	Street Address (P.O. Box Number is Not Acceptable)			
			City Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered of				ce or register		accept	
the obligations of registered agent.							
SIGNATURE							
Signature Typedic content name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Trust Fund Contrib				\$5 □ Add	.00 May Be In accordance with s. 607.193(2)(b), F.S corporation did not receive the prior notice	., the ce.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11	
TIFLE	,cs	∑CDelete	TITLE	TT9		Addition	
NAME	DOMBROWSKI, ACHIM			Rok	oertm. Aldrich Okusa #500	s l	
STREET ADDRESS			STREET AOOF	ESS 400	oertM. Alburich or interstate North Phwy #500	- }	
CITY-ST-ZIP					lanta GA 30339		
TITLE NAME	DPT DATA SEELHEIM, REINER			CS	Change	Addition	
STREET ADORESS				Dr. Harold Huth HET ADDRESS 400 Interstate North Pkwy. #500			
CITY-SI-ZIP	ATLANTA, GA 30339			AH	anta, GA 30339		
TITLE	VP S≰_Delete 11			V	De Channe	Addition	
NAME	ROGER, LINDA			Ch	arles Penny Ointerstate North Phwy, #501	0	
			STREET ADOP		_		
CITY-ST-ZIP	ATLANTA, GA 30339		CITY-ST-ZIP	/1T	Tanta, GA 30339		
TITLE NAME	VP LINARES, DANET	☐ Delete	11TLE NAME	7.8	Greer Cumming Ji. Change Do OODivision Street, #700	Addition	
STREET ADDRESS	·			RESS 100	oodivision Street, #700		
CITY-ST-ZIP	MIAMI, FL 33131			Na	swille, TN 37203		
TITLE	VP	Delete Delete	TITLE			Addition	
NAME	AME ALDRICH, ROBERT ' NAM			700	ra Joester von Sarnson Williamse L Interstat North PKWy., #500		
CTOCKT ADMICCO		CWAY SHITE SOO	STREET ADDF				
STREET ADDRESS	400 INTERSTATE NORTH PARI	(VIA), 00/12 300	CJV_01_210	LAL!	ኒ. / ለ ፈርንምር		
CITY-ST-ZIP	ATLANTA, GA 30339		CITY-ST-ZIP	Atlo	enta GA 30339	Addition	
CITY-ST-ZIP		Delete	THTLE	Atla] Addition	
CITY-ST-ZIP			-			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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

678-383 -4/04 Daytime Phone #