


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2007 90068 030 \*\*\*150.00

<b>DOCUMENT # F04000000620</b>					
<b>1. Entity Name</b> <b>BLUE CAPITAL MANAGEMENT, INC.</b>					
<b>Principal Place of Business</b> <b>400 INTERSTATE NORTH PARKWAY</b> <b>SUITE 500</b> <b>ATLANTA, GA 30339</b>			<b>Mailing Address</b> <b>400 INTERSTATE NORTH PARKWAY</b> <b>SUITE 500</b> <b>ATLANTA, GA 30339</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>20-0135248</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> <span style="float: right;">Zip Code</span>		
<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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>CS</b> <b>DOMBROWSKI, ACHIM</b> <b>400 INTERSTATE NORTH PARKWAY, SUITE 500</b> <b>ATLANTA, GA 30339</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PTD</b> <b>Robert M. Aldrich</b> <b>400 Interstate North Pkwy, #500</b> <b>Atlanta, GA 30339</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DPT</b> <b>SEELHEIM, REINER</b> <b>400 INTERSTATE NORTH PARKWAY, SUITE 500</b> <b>ATLANTA, GA 30339</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>CSD</b> <b>Dr. Harold Huth</b> <b>400 Interstate North Pkwy, #500</b> <b>Atlanta, GA 30339</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> <b>ROGER, LINDA</b> <b>400 INTERSTATE NORTH PARKWAY, SUITE 500</b> <b>ATLANTA, GA 30339</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>V</b> <b>Charles Penny</b> <b>400 Interstate North Pkwy, #500</b> <b>Atlanta, GA 30339</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> <b>LINARES, DANET</b> <b>100 SE 2ND ST,</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>AS</b> <b>J. Greer Cummings Jr.</b> <b>1600 Division Street, #700</b> <b>Nashville, TN 37203</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> <b>ALDRICH, ROBERT</b> <b>400 INTERSTATE NORTH PARKWAY, SUITE 500</b> <b>ATLANTA, GA 30339</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>V</b> <b>Joerg Joester von Samson</b> <b>400 Interstate North Pkwy, #500</b> <b>Atlanta, GA 30339</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/2/07 <span style="float: right;">678-383-4104</span> Date <span style="float: right;">Daytime Phone #</span>		