


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90061 042 ****70.00

DOCUMENT # N50140
 1. Entity Name
MAYOR'S BEAUTIFICATION PROGRAM, INC.



Principal Place of Business Mailing Address
400 N. TAMPA STREET **400 NORTH TAMPA STREET**
SUITE 1300 **SUITE 1300**
TAMPA FL 33602 **TAMPA FL 33602**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State

4. FEI Number Applied For
59-3150612 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LUTTON, ANDY
400 N. TAMPA ST.
SUITE 1300
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 *Andy Lutton* DATE 2/6/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
T	WILDER, LARRY	1517 EAST SEVENTH AVENUE, SUITE NUMBER C	TAMPA FL 33605	<input checked="" type="checkbox"/>
T	PRESSNER, ROBERT	1501 W. SWANN AVENUE, BLDG. 3	TAMPA FL 33606	<input type="checkbox"/>
T	JENNIFER, POTTER	100 SOUTH ASHLEY DRIVE, SUITE 830	TAMPA FL 33602	<input checked="" type="checkbox"/>
D	LUTTON, ANDY	400 NORTH TAMPA STREET STE 1300	TAMPA FL 33602	<input type="checkbox"/>
T	OLSON, CANDY	901 EAST KENNEDY BOULEVARD	TAMPA FL 33602	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	Jim Hackman	3100 E. Fletcher Ave.	Tampa FL 33613	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Sally Thompson	814 Orleans Ave	Tampa FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Andy Lutton* DATE 2/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR