


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90086 036 \*\*\*150.00

<b>DOCUMENT # G60865</b>	
1. Entity Name <b>YESTERDAY, TODAY, TOMORROW INTERIORS, INC.</b>	

Principal Place of Business <b>% ROGER BOWER 1517 EAST LAS OLAS BLVD. FORT LAUDERDALE, FL 33301</b>	Mailing Address <b>% ROGER BOWER 1517 EAST LAS OLAS BLVD. FORT LAUDERDALE, FL 33301</b>
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2. Principal Place of Business - No P.O. Box # <b>1800 N.E. 22 TERRACE</b>	3. Mailing Address <b>1800 N.E. 22 TERRACE</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Fort LAUDERDALE, FL</b>	City & State <b>Fort LAUDERDALE, FL</b>
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Zip <b>33305</b>	Country <b>USA</b>	Zip <b>33305</b>	Country <b>USA</b>
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01092008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2326821</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BOWER, ROGER 1517 EAST LAS OLAS BLVD. FORT LAUDERDALE, FL 33301</b>	
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7. Name and Address of New Registered Agent Name <b>Bower, Roger</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 N.E. 22 TERRACE</b> City <b>Fort LAUDERDALE</b> FL Zip Code <b>33305</b>	
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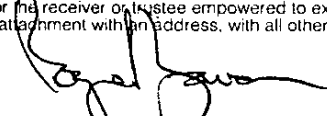
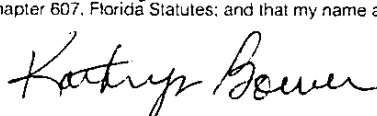
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Roger Bower, President** 1/9/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. Address Changes ONLY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BOWER, ROGER 1517 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Bower, Roger 1800 N.E. 22 TERRACE Fort LAUDERDALE, FL 33305</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BOWER, KATHY 1517 E LAS OLAS BVD FORT LAUDERDALE, FL 33301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Bower, KATHRYN 1800 N.E. 22 TERRACE Fort LAUDERDALE, FL 33305</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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:  1/9/08  1/9/08