

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000137659 1. Entity Name FIRE UP THE GRILL, INC.				May 02, 2008 08:00 Secretary of State	
Principal Place of Business 660 KELLSTADT ST. NW PORT CHARLOTTE, FL 33952		Mailing Address 660 KELLSTADT ST. NW PORT CHARLOTTE, FL 33952			
DO NOT WRITE IN THIS SPACE					
				03092008 No Chg-P CR2E034 (11/05)	
				4. FEI Number 20-1702830	
				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 WITTIG, DAVID A 660 KELLSTADT ST. NW PORT CHARLOTTE, FL 33952				DO NOT WRITE IN THIS SPACE	
B. 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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE			
TITLE	DPT				
NAME	WITTIG, DAVID A				
STREET ADDRESS	660 KELLSTADT ST NW				
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952				
TITLE	DVS				
NAME	WITTIG, LISA A				
STREET ADDRESS	660 KELLSTADT ST NW				
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952				
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: 		4/30/08 941-627-3088			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			