

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000085107

FILED
Apr 23, 2009
Secretary of State

Entity Name: INNOVATED RESTAURANT GROUP, INC.

Current Principal Place of Business:

14497 N. DALE MABRY
SUITE #105
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

371 CHANNELSIDE WALKWAY
UNIT #601
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3405618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUANG, PANNY
371 CHANNELSIDE WALKWAY
UNIT #601
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUANG, CHEN
Address: 371 CHANNELSIDE WALKWAY, #601
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: HUANG, PANNY
Address: 371 CHANNELSIDE WALKWAY, #601
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUANG, CHEN
Address: 371 CHANNELSIDE WALKWAY, #601
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PANNY HUANG

D

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date