

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087747

FILED
Feb 26, 2009
Secretary of State

Entity Name: THE TABLETOP, INC.

Current Principal Place of Business:

205 WEST VENICE AVE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

205 WEST VENICE AVE
VENICE, FL 34285

New Mailing Address:

FEI Number: 52-2377182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERSTEN, MARION
205 WEST VENICE AVE
VENICE, FL 34285 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: KERSTEN, MARION
Address: 809 BLUE CRANE DRIVE
City-St-Zip: VENICE, FL 34292

Title: VT () Delete
Name: KERSTEN, MANFRED
Address: 809 BLUE CRANE DRIVE
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KERSTEN, MARION
Address: 809 BLUE CRANE DRIVE
City-St-Zip: VENICE, FL 34285

Title: VT (X) Change () Addition
Name: KERSTEN, MANFRED
Address: 809 BLUE CRANE DRIVE
City-St-Zip: VENICE, FL 34285

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: MANFRED KERSTEN

VP

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date