


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000006680
1. Entity Name
TRANSATLANTIC GROUP-DELAWARE INC.



Principal Place of Business
4000 ISLAND BLVD.
NORTH MIAMI BEACH, FL 33160

Mailing Address
C/O EDDIE TRUMP
4000 ISLAND BLVD.
NORTH MIAMI BEACH, FL 33160



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0445090

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------------|
| TITLE | C |
| NAME | TRUMP, JULIUS |
| STREET ADDRESS | 4000 ISLAND BLVD. |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33160 |
| TITLE | C |
| NAME | TRUMP, EDDIE |
| STREET ADDRESS | 4000 ISLAND BLVD. |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33160 |
| TITLE | EVP |
| NAME | LIEB, JAMES M |
| STREET ADDRESS | C/O THE TRUMP GROUP 4000 ISLAND BLVD. |
| CITY-ST-ZIP | N. MIAMI BEACH, FL 33160 |
| TITLE | D |
| NAME | SMITH, ROBERT |
| STREET ADDRESS | WEST BAY ST, PO BOX AP 59213 |
| CITY-ST-ZIP | NASSAU, THE BAHAMAS, |
| TITLE | D |
| NAME | VAN RIEMSDIJK, GERRIT |
| STREET ADDRESS | BAHN STRASSE 41 |
| CITY-ST-ZIP | 9494 SCHAAN, LEICHTENSTEIN, |
| TITLE | AVP |
| NAME | TORPEY, CARITE L |
| STREET ADDRESS | C/O TRUMP GROUP, 4000 ISLAND BLVD |
| CITY-ST-ZIP | N MIAMI BEACH, FL 33160 |

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04/04/06-80015-011 150.00

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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: Carite L. Torpey, AVP Date: 2/16/06 Daytime Phone #: 732 390-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carite L. Torpey, AVP