

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006680

FILED
Mar 20, 2008
Secretary of State

Entity Name: TRANSATLANTIC GROUP-DELAWARE INC.

Current Principal Place of Business:

4000 ISLAND BLVD.
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0445090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE, FL 32301 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: C () Delete
Name: TRUMP, JULIUS
Address: 4000 ISLAND BLVD.
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: C () Delete
Name: TRUMP, EDDIE
Address: 4000 ISLAND BLVD.
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: EVP () Delete
Name: LIEB, JAMES M
Address: C/O THE TRUMP GROUP 4000 ISLAND BLVD.
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: D () Delete
Name: SMITH, ROBERT
Address: WEST BAY ST, PO BOX AP 59213
City-St-Zip: NASSAU, THE BAHAMAS,

Title: D () Delete
Name: KORTHALS, ROBIN
Address: 110 BLOOR ST. WEST
City-St-Zip: TORONTO M5S 2W7 CANADA,

Title: AVP () Delete
Name: TORPEY, CARITE L
Address: C/O TRUMP GROUP, 4000 ISLAND BLVD
City-St-Zip: N MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CARITE L TORPEY

Electronic Signature of Signing Officer or Director

AVP

03/20/2008

_____ Date