2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003990

Entity Name: TG HOLDINGS OF DELAWARE, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
PO BOX 18 EAST BRUI	6 NSWICK, NJ 0	8816			
Current Mailing Address:			New Mailin	New Mailing Address:	
PO BOX 186 EAST BRUNSWICK, NJ 08816					
FEI Number:	22-3333138	FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
The above in the State		bmits this statement for the purpo	ose of changing its	s registered office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	EVTD () E LIEB, JAMES M PO BOX 186 EAST BRUNSWIG	Delete CK, NJ 08816	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD () E TRUMP, JULIUS 4000 ISLAND BL' WILLIAMS ISLAN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD () E TRUMP, EDDIE 4000 ISLAND BL' WILLIAMS ISLAN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TORPEY, CARITI	OUP, 4000 ISLAND BLVD	Title: Name: Address: City-St-Zip:	AVP (X) Change () Addition TORPEY, CARITE L C/O TRUMP GROUP, 4000 ISLAND BLVD N MIAMI BEACH, FL 33160	
Title: Name: Address: City-St-Zip:	EVPS () E HIRSCH, MARK S 405 LEXINGTON NEW YORK, NY	AVENUE	Title: Name: Address: City-St-Zip:	EVPS (X) Change () Addition HIRSCH, MARK S 200 WEST 57 STREET NEW YORK, NY 10019	
Title: Name: Address: City-St-Zip:	VP () E AMRANI, AYELET 405 LEXINGTON NEW YORK, NY	AVE.	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition CIACCHI, BETTY 200 WEST 57 STREET NEW YORK, NY 10019	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 AVP 04/29/2005