

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90006 034 ***150.00

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1. Entity Name
TG DEVELOPMENT CORP. OF DELAWARE



Principal Place of Business
4000 ISLAND BLVD., PH-2
AVENTURA, FL 33160

Mailing Address
PO BOX 186
BRUNSWICK, NJ 08816



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

Applied For

65-1086449

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC
NAME TRUMP, JULIUS
STREET ADDRESS 4000 ISLAND BLVD., PH-2
CITY-STATE-ZIP AVENTURA, FL 33160 ☐ Delete

TITLE AVP
NAME Carite L. Torpey
STREET ADDRESS 4000 Island Blvd., PH-2
CITY-STATE-ZIP Aventura FL 33160 ☐ Change ☒ Addition

TITLE DC
NAME TRUMP, EDDIE
STREET ADDRESS 4000 ISLAND BLVD., PH-2
CITY-STATE-ZIP AVENTURA, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE DVST
NAME LIEB, JAMES M
STREET ADDRESS 4000 ISLAND BLVD., PH-2
CITY-STATE-ZIP AVENTURA, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE DVS
NAME HIRSCH, MARK
STREET ADDRESS 200 W. 57TH STREET STE. 1003
CITY-STATE-ZIP NEW YORK, NY 10019 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE SVP
NAME HENN, PETER
STREET ADDRESS 4000 ISLAND BLVD., PH-2
CITY-STATE-ZIP AVENTURA, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE SVP
NAME ELBERT, DONALD
STREET ADDRESS 4000 ISLAND BLVD., PH-2
CITY-STATE-ZIP AVENTURA, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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 807, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

132-390-9400

Date

Corporate Phone #

Carite L. Torpey, AVP