2005 FOR PROFIT CORPORATION

FILED Aug 01, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F95000002228 1. Entity Name MAR-A-LAGO CLUB, INC. Principal Place of Business Mailing Address % TRUMP ORGANIZATION % TRUMP ORGANIZATION 725 5TH AVE 725 5TH AVE NEW YORK, NY 10022 NEW YORK, NY 10022 06302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-3818196 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRALSERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON FL 33331_ 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. PST TITLE 09/01/05-80004-012 150.0**0** TRUMP, DONALD J NAME STREET ADDRESS % TRUMP ORGANIZATION, 725 5TH AVE CITY-ST-ZIP NEW YORK, NY 10022 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #