2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001802

Entity Name: TRUMP MANAGEMENT, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4000 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160 **Current Mailing Address: New Mailing Address:** 4000 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160 FEI Number: 65-0633925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition TRUMP, EDDIE Name: Name: 4000 ISLAND BLVD Address: Address: City-St-Zip: NO. MIAMI BEACH, FL City-St-Zip: DEVP Title: Title: () Delete () Change () Addition Name: LIEB. JAMES M Name: 4000 ISLAND BLVD Address: Address: NO. MIAMI BEACH, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition TRUMP, JULIUS Name: Name: 4000 ISLAND BLVD Address: Address: City-St-Zip: NO. MIAMI BEACH, FL City-St-Zip: Title: AVP () Delete Title: AVP (X) Change () Addition TORPEY, CARITE TORPEY, CARITE Name: Name: Address: 7900 ISLAND BLVD Address: 4000 ISLAND BLVD City-St-Zip: N MIAMI BEACH, FL 33160 City-St-Zip: N MIAMI BEACH, FL 33160 Title: **EVPS** Title: **EVPS** (X) Change () Addition () Delete HIRSCH, MARK S Name: HIRSCH, MARK S Name: 405 LEXINGTON AVE 200 WEST 57 STREET Address: Address: City-St-Zip: NEW YORK, NY 10174 City-St-Zip: NEW YORK, NY 10019 () Delete Title: Title: (X) Change () Addition Name: WEISS, KEN Name: CIACCHI, BETTY

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.

Address:

City-St-Zip:

200 WEST 57 STREET

NEW YORK, NY 10019

SIGNATURE: CARITE L. TORPEY AVP 04/29/2005

4000 ISLAND BLVD

NORTH MIAMI BEACH, FL 33160

Address:

City-St-Zip: