


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000001802 1. Entity Name TRUMP MANAGEMENT, INC.	
--	---

Principal Place of Business 4000 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160	Mailing Address 4000 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160
---	---



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0633925	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRUMP, EDDIE 4000 ISLAND BLVD NO. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP LIES, JAMES M 4000 ISLAND BLVD NO. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TRUMP, JULIUS 4000 ISLAND BLVD NO. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP TORPEY, CARITE 4000 ISLAND BLVD N MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS HIRSCH, MARK S 200 WEST 57 STREET NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIACCHI, BETTY 200 WEST 57 STREET NEW YORK, NY 10019

DO NOT WRITE IN THIS SPACE

U00000474251
04/04/06-80015-012 150.00

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 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: Carite L. Torpey, AVP 2/16/06 732-390-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Carite L. Torpey, AVP