


**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  **\$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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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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