## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000001802

Entity Name: TRUMP CAPITAL OF DELAWARE, INC.

FILED Apr 22, 2008 Secretary of State

Littly Nai	IIIe. IROWIF	CAPITAL OF DELAWARE, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ND BOULEVA IIAMI BEACH,					
Current Mailing Address:			New Maili	New Mailing Address:		
	ND BOULEVA IIAMI BEACH,					
FEI Number	: 65-0633925	FEI Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
1201 HAYS SUITE 105	SSTREET	CORPORATION SYSTEM, INC.				
	named entity e of Florida.	submits this statement for the po	urpose of changing i	ts registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	nt	Date		
Election Car	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CD ( TRUMP, EDDI 4000 ISLAND AVENTURA, FI	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DEVP ( LIEB, JAMES I 4000 ISLAND AVENTURA, FI	BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	C ( TRUMP, JULIU 4000 ISLAND AVENTURA, FI	BLVD	Title: Name: Address: City-St-Zip:	EVP (X) Change ( ) Addition HIRSCH, MARK S 404 PARK AVE SOUTH NEW YORK, NY 10016		
Title: Name: Address: City-St-Zip:	AVP ( TORPEY, CAR 4000 ISLAND AVENTURA, FI	BLVD	Title: Name: Address: City-St-Zip:	SVP (X) Change ( ) Addition TODES, MARK 404 PARK AVE SOUTH NEW YORK, NY 10016		
Title: Name: Address: City-St-Zip:	EVPS (X HIRSCH, MAR 200 WEST 57 NEW YORK, N	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SVP (X ELBERT, DON 4000 ISLAND AVENTURA, FI	BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JAMES M LIEB EVP 04/22/2008