


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90252 032 ***150.00

DOCUMENT # F97000003990
 1. Entity Name
TG HOLDINGS OF DELAWARE, INC.



Principal Place of Business: **PO BOX 186 EAST BRUNSWICK, NJ 08816**
 Mailing Address: **PO BOX 186 EAST BRUNSWICK, NJ 08816**

94075569



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number: **22-3333138** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE, FL 32301-2525**
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: EVTD	NAME: LIEB, JAMES M	TITLE:	NAME:
STREET ADDRESS: PO BOX 186	CITY-STATE-ZIP: EAST BRUNSWICK, NJ 08816	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: CD	NAME: TRUMP, JULIUS	TITLE:	NAME:
STREET ADDRESS: 4000 ISLAND BLVD PH #2	CITY-STATE-ZIP: WILLIAMS ISLAND, FL	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: CD	NAME: TRUMP, EDDIE	TITLE:	NAME:
STREET ADDRESS: 4000 ISLAND BLVD PH #2	CITY-STATE-ZIP: WILLIAMS ISLAND, FL	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: AVP	NAME: TORPEY, CARITE	TITLE:	NAME:
STREET ADDRESS: C/O TRUMP GROUP, 4000 ISLAND BLVD	CITY-STATE-ZIP: N MIAMI BEACH, FL 33160	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: EVPS	NAME: HIRSCH, MARK S	TITLE:	NAME:
STREET ADDRESS: 405 LEXINGTON AVENUE	CITY-STATE-ZIP: NEW YORK, NY 10174	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE:	NAME:	TITLE: VP	NAME: AMRANI, AYELET
STREET ADDRESS:	CITY-STATE-ZIP:	STREET ADDRESS: 405 LEXINGTON AVE.	CITY-STATE-ZIP: NEW YORK, NY 10174

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, 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* DATE: **4/22/04** PHONE: **732-390-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Carite L. Torpey, AVP