

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90006 035 ***150.00

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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



02152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt #, etc.

City & State: Zip Country

4. FEI Number: 22-3333138 Applied For: Net 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: 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, 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: EVTD	NAME: LIEB, JAMES M	<input type="checkbox"/> Delete
STREET ADDRESS: PO BOX 186	CITY-STATE-ZIP: EAST BRUNSWICK, NJ 08816	
TITLE: CD	NAME: TRUMP, JULIUS	<input type="checkbox"/> Delete
STREET ADDRESS: 4000 ISLAND BLVD PH #2	CITY-STATE-ZIP: WILLIAMS ISLAND, FL	
TITLE: CD	NAME: TRUMP, EDDIE	<input type="checkbox"/> Delete
STREET ADDRESS: 4000 ISLAND BLVD PH #2	CITY-STATE-ZIP: WILLIAMS ISLAND, FL	
TITLE: AVP	NAME: TRORPEY, CARITE L	<input type="checkbox"/> Delete
STREET ADDRESS: C/O TRUMP GROUP, 4000 ISLAND BLVD	CITY-STATE-ZIP: N MIAMI BEACH, FL 33160	
TITLE: EVPS	NAME: HIRSCH, MARK S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 200 WEST 57 STREET	CITY-STATE-ZIP: NEW YORK, NY 10019	
TITLE: VP	NAME: CIACCHI, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS: 200 WEST 57 STREET	CITY-STATE-ZIP: NEW YORK, NY 10019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11		
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	

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 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, AVP Date: 2/16/06 Telephone #: 732-390-9400
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Carite L. Torpey, AVP