

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003990

FILED
Mar 20, 2008
Secretary of State

Entity Name: TG HOLDINGS OF DELAWARE, INC.

Current Principal Place of Business:

4000 ISLAND BLVD
PH-2
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

PO BOX 186
EAST BRUNSWICK, NJ 08816

New Mailing Address:

FEI Number: 22-3333138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVTD () Delete
Name: LIEB, JAMES M
Address: PO BOX 186
City-St-Zip: EAST BRUNSWICK, NJ 08816

Title: CD () Delete
Name: TRUMP, JULIUS
Address: 4000 ISLAND BLVD PH #2
City-St-Zip: WILLIAMS ISLAND, FL

Title: CD () Delete
Name: TRUMP, EDDIE
Address: 4000 ISLAND BLVD PH #2
City-St-Zip: WILLIAMS ISLAND, FL

Title: AVP () Delete
Name: TORPEY, CARITE L
Address: C/O TRUMP GROUP, 4000 ISLAND BLVD
City-St-Zip: WILLIAMS ISLAND, FL 33160

Title: SVP () Delete
Name: ELBERT, DONALD J
Address: 4000 ISLAND BLVD
City-St-Zip: WILLIAMS ISLAND, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARITE L TORPEY

AVP

03/20/2008

Electronic Signature of Signing Officer or Director

_____ Date