2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# F99000004703

Entity Name: TRUMP HOLDINGS, LTD., INC.

Current Principal Place of Business:

4000 ISLAND BLVD., PH-2
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

4000 ISLAND BLVD., PH-2
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 22-3407016 **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:	CD	( ) Delete
Name:	TRUMP, JULIEUS	
Address:	4000 ISLAND BLVD., PH-2	
City-St-Zip:	AVENTURA, FL 33160	
Title:	CD	( ) Delete
Name:	TRUMP, EDDIE	
Address:	4000 ISLAND BLVD., PH-2	
City-St-Zip:	AVENTURA, FL 33160	
Title:	DEVT	( ) Delete
Name:	LIEB, JAMES M	
Address:	4000 ISLAND BLVD., PH-2	
City-St-Zip:	AVENTURA, FL 33160	
Title:	AV	( ) Delete
Name:	TORPEY, CARITE	
Address:	4000 ISLAND BLVD PH-2	
City-St-Zip:	AVENTURA, FL 33160	
Title:	EVPS	( ) Delete
Name:	HIRSCH, MARK S	
Address:	405 LEXINGTON AVENUE	
City-St-Zip:	NEW YORK, NY 10174	
Title:	DEVS	( ) Delete
Name:	HIRSCH, MARK S	
Address:	405 LEXINGTON AVE.	
City-St-Zip:	NEW YORK, NY 10174	

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:	AV	(X) Change ( ) Addition
Name:	TORPEY, CARITE L	
Address:	4000 ISLAND BLVD PH-2	
City-St-Zip:	AVENTURA, FL 33160	
Title:	EVPS	(X) Change ( ) Addition
Name:	HIRSCH, MARK S	
Address:	200 WEST 57 STREET	
City-St-Zip:	NEW YORK, NY 10019	
Title:	VP	(X) Change ( ) Addition
Name:	CIACCHI, BETTY	
Address:	200 WEST 57 STREET	
City-St-Zip:	NEW YORK, NY 10019	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 04/29/2005

Electronic Signature of Signing Officer or Director — Date