

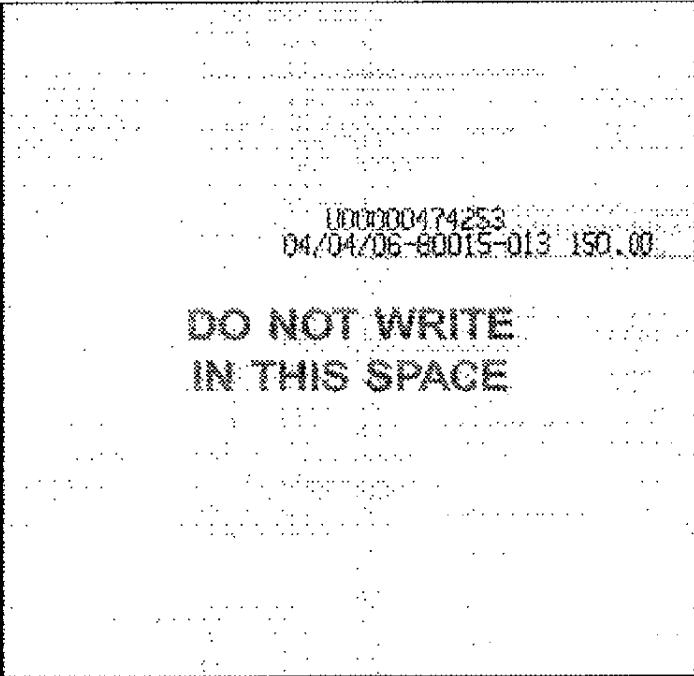
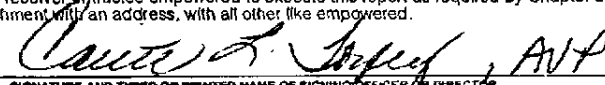


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000004703			
1. Entity Name TRUMP HOLDINGS, LTD., INC.			
Principal Place of Business 4000 ISLAND BLVD., PH-2 AVENTURA, FL 33160	Mailing Address 4000 ISLAND BLVD., PH-2 AVENTURA, FL 33160		
DO NOT WRITE IN THIS SPACE			
		02152006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 22-3407016	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRUMP, JULIEUS 4000 ISLAND BLVD., PH-2 AVENTURA, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRUMP, EDDIE 4000 ISLAND BLVD., PH-2 AVENTURA, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVT LIED, JAMES M 4000 ISLAND BLVD., PH-2 AVENTURA, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV TORPEY, CARITE L 4000 ISLAND BLVD PH-2 AVENTURA, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS HIRSCH, MARK S 200 WEST 57 STREET NEW YORK, NY 10019		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIACCHI, BETTY 200 WEST 57 STREET NEW YORK, NY 10019		
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 607, 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:  AVP		2/16/06	233-370-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
Carite L. Torpey, AVP			