

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033016

Entity Name: TRUMP INSURANCE, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

3039 49 ST N
ST PETERSBURG, FL 33710

New Principal Place of Business:

6206 54TH AVENUE NORTH
ST PETERSBURG, FL 33709

Current Mailing Address:

3039 49 ST N
ST PETERSBURG, FL 33710

New Mailing Address:

6206 54TH AVENUE NORTH
ST PETERSBURG, FL 33709

FEI Number: 14-1876832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

TRUMP, WILLIAM F
6206 54TH AVENUE NORTH
ST PETERSBURG, FL 33709

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: WILLIAM F. TRUMP

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: TRUMP, WILLIAM F
Address: 3039 49 ST N
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: TRUMP, WILLIAM F
Address: 6206 54TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33709

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: WILLIAM F. TRUMP

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

Date