


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90091 017 ***150.00

| | |
|--|---|
| DOCUMENT # P05000100381 |  |
| 1. Entity Name THE TRUMP SISTERS, INC. | |

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| Principal Place of Business 5943 W OAK PARK BLVD HOMOSASSA FL 34446 | Mailing Address 5943 W OAK PARK BLVD HOMOSASSA FL 34446 |
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|--|-----------------------------------|
| 2. Principal Place of Business - No P.O. Box # 6340 W. OAK PARK BLVD | 3. Mailing Address SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State HOMOSASSA, FL | City & State |
| Zip 34446-6818 Country USA | Zip Country |

1st MOORE CR2E034 (10/06)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| STRICKLAND, LINDA 5943 W OAK PARK BLVD HOMOSASSA FL 34446 | |

| | |
|--|---|
| 4. FEI Number 56-2524856 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|----------------------|
| 7. Name and Address of New Registered Agent | |
| Name CHARLES T. WALTON | |
| Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 1219 | |
| 11482 W. CLUBVIEW DR. | |
| City HOMOSASSA SPRINGS | FL Zip Code 34448 |

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 CHARLES T. WALTON *Charles T Walton* **DATE** 1/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/> |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE CEO NAME BELDEN, CAROLYN E STREET ADDRESS 77 BELLS OF IRELAND CRT CITY - ST - ZIP HOMOSASSA FL 34446 | <input type="checkbox"/> Delete |
| TITLE P NAME STRICKLAND, LINDA STREET ADDRESS 5943 W OAK PARK BLVD CITY - ST - ZIP HOMOSASSA FL 34446 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|
| TITLE CEO NAME STREET ADDRESS 6340 W. OAK PARK BLVD. CITY - ST - ZIP HOMOSASSA, FL 34446-6818 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carolyn E Belden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #