2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# P93000081778

Entity Name: KERZNER INTERNATIONAL RESORTS, INC.

Current Principal Place of Business:

1000 SOUTH PINE ISLAND ROAD
PLANTATION, FL 333243907 US

New Principal Place of Business:

1000 SOUTH PINE ISLAND ROAD
#800
PLANTATION, FL 333243907 US

Current Mailing Address:

1000 S. PINE ISLAND ROAD
#800
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 65-0483525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE CO.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DEVP ( ) Delete
Name: ALLISON, JOHN
Address: 1000 S. PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324

Title: VAS ( ) Delete
Name: KARAWAN, HOWARD C.
Address: 1000 S. PINE ISLAND ROAD #800
City-St-Zip: PLANTATION, FL 33324

Title: VS ( ) Delete
Name: MURTHA, WILLIAM C
Address: 2106 NEW ROAD, C7
City-St-Zip: LINWOOD, NJ 08221

Title: DVP ( ) Delete
Name: LEVINE, RICHARD M
Address: 730 FIFTH AVE 5TH FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DEVP (X) Change ( ) Addition
Name: ALLISON, JOHN
Address: 1000 S. PINE ISLAND ROAD, SUITE 800
City-St-Zip: PLANTATION, FL 33324

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 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: JOHN ALLISON DEVP 01/09/2007

Electronic Signature of Signing Officer or Director Date