2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#813363

Entity Name: KERZNER INTERNATIONAL NORTH AMERICA, INC.

FILED Feb 15, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1000 SOUTH PINE ISLAND ROAD SUIITE 800 PLANTATION, FL 333243907 US				1000 SOUTH PINE ISLAND ROAD SUIITE 800 PLANTATION, FL 33324 US		
Current Mailing Address:				New Mailing Address:		
1000 SOUTH PINE ISLAND ROAD				1000 SOUTH PINE ISLAND ROAD		
#800 PLANTATION, FL 33324 US				SUITE 800 PLANTATION, FL 33324 US		
FEI Number: 59-0763055 FEI Number Applied For () FEI Num				nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE CO. 1201 HAYS STREET 10TH FLOOR TALLAHASSEE, FL 32301 US						
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	TDEV () Delete ALLISON, J.R. 1000 S PINE ISLAND RD #800 PLANTATION, FL 33324 ASV () Delete			Title: Name: Address: City-St-Zip: Title:	BIUMI, BONNIE 1000 S PINE ISLA PLANTATION, FL	
Name: Address: City-St-Zip:	ASV () Delete MURTHA, W.C. 2106 NEW ROAD C7 LINWOOD, NJ 08221			Name: Address: City-St-Zip:	COTTER, ROBER	T E ISLAND ROAD SUITE 800
Title: Name: Address: City-St-Zip:	SVPC () D ROBERTSON, AN 1000 S PINE ISLA PLANTATION, FL	INE AND RD #800		Title: Name: Address: City-St-Zip:	EVP (X) CI DIGILIO, MONICA 1000 S PINE ISLA PLANTATION, FL	ND RD #800
Title: Name: Address: City-St-Zip:	DVP () D LEVINE, RICHARI 730 FIFTH AVE 5 NEW YORK, NY	D M TH FL		Title: Name: Address: City-St-Zip:	() Cr	nange()Addition
Title: Name: Address: City-St-Zip:	()D	elete		Title: Name: Address: City-St-Zip:	MURTHA, WILLIAM	EISLAND RD. SUITE 800
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	ROBERTSON, ANI	E ISLAND ROAD, SUUITE 800

I hereby certify that the information supplied with this filing does not qualify 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: BONNIE BIUMI DVP 02/15/2008