

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005035

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: KERZNER INTERNATIONAL MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

1000 SOUTH PINE ISLAND ROAD 8TH FL  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 41-2061854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: DVP ( ) Delete  
Name: ALLISON, JOHN R  
Address: 1000 S. PINE ISLAND ROAD #800  
City-St-Zip: PLANTATION, FL 33324

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

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

Title: SPTS ( ) Delete  
Name: ROBERTSON, ANNE  
Address: 1000 S. PINE ISLAND ROAD, #800  
City-St-Zip: PLANTATION, FL 33324

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DVP

01/09/2007

\_\_\_\_\_ Date