
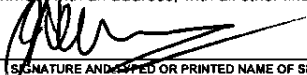


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90006 013 ***150.00

DOCUMENT # F02000005040					
1. Entity Name KERZNER INTERNATIONAL DEVELOPMENT SERVICES, INC.					
Principal Place of Business 1000 SOUTH PINE ISLAND ROAD - 8TH FLOOR ROYAL PALM I AT SOUTHPPOINT PLANTATION, FL 33324		Mailing Address 1000 SOUTH PINE ISLAND ROAD - 8TH FLOOR ROYAL PALM I AT SOUTHPPOINT PLANTATION, FL 33324			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-2061851	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DEV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLISON, JOHN R	NAME			
STREET ADDRESS	1000 SOUTH PINE ISLAND ROAD - 8TH FLOOR	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOUCHER, JAMES	NAME			
STREET ADDRESS	1000 SOUTH PINE ISLAND ROAD - 8TH FLOOR	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP			
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURTHA, WILLIAM C	NAME			
STREET ADDRESS	2106 NEW ROAD, SUITE C7	STREET ADDRESS			
CITY-ST-ZIP	LINWOOD, NJ 08221	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERTSON, ANNE	NAME			
STREET ADDRESS	1000 SOUTH PINE ISLAND ROAD - 8TH FLOOR	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Richard M. Levine		
STREET ADDRESS		STREET ADDRESS	730 Fifth Avenue 5th Floor		
CITY-ST-ZIP		CITY-ST-ZIP	New York, NY 10019		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Executive VP.		1/31/2006 (954) 809-2626	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	