

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005040

FILED
Jan 09, 2007
Secretary of State

Entity Name: KERZNER INTERNATIONAL DEVELOPMENT SERVICES, INC.

Current Principal Place of Business:

1000 SOUTH PINE ISLAND ROAD - 8TH FLOOR
ROYAL PALM I AT SOUTHPOINT
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

1000 SOUTH PINE ISLAND ROAD - 8TH FLOOR
ROYAL PALM I AT SOUTHPOINT
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 41-2061851 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: DEV () Delete
Name: ALLISON, JOHN R
Address: 1000 SOUTH PINE ISLAND ROAD - 8TH FLOOR
City-St-Zip: PLANTATION, FL 33324

Title: P () Delete
Name: BOOCHER, JAMES
Address: 1000 SOUTH PINE ISLAND ROAD - 8TH FLOOR
City-St-Zip: PLANTATION, FL 33324

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

Title: AS () Delete
Name: ROBERTSON, ANNE
Address: 1000 SOUTH PINE ISLAND ROAD - 8TH FLOOR
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: LEVINE, RICHARD M
Address: 730 FIFTH AVE 5TH FL
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

DEV

01/09/2007

_____ Date