2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001808

Entity Name: NSTOR CORPORATION, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6190 CORTE DEL CEDRO CARLSBAD, CA 92009							
Current Mailing Address:				New Mailing Address:			
100 CENTURY BOULEVARD WEST PALM BEACH, FL 33417			1601 FORUM PLACE SUITE 500 WEST PALM BEACH, FL 33401				
FEI Number: 59-3379673 FEI Number Applied For () FEI Number			nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Nam					ame and Address of New Registered Agent:		
JAIVEN, JACK 100 CENTURY BOULEVARD WEST PALM BEACH, FL 33417 US				JAIVEN, JACK 1601 FORUM PLACE SUITE 500 WEST PALM BEACH, FL 33401 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:				04/06/2005			
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:	CARBONNEAU,	GY PARK-SUITE 175		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DVT () E JAIVEN, JACK 100 CENTURY B WEST PALM BEA			Title: Name: Address: City-St-Zip:	JAIVEN, JACK	Change()Addition LACE - SUITE 500 CACH, FL 33401	
Title: Name: Address: City-St-Zip:	DP () E GRESHAM, K. TO 6190 CORTE DE CARLSBAD, CA	L CEDRO		Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	S () E FLOYD, ORILLA 100 CENTURY B WEST PALM BEA			Title: Name: Address: City-St-Zip:	FLOYD, ORILLA	_ACE - SUITE 500	
Title: Name: Address: City-St-Zip:	D () E LEVY, IRWIN H 100 CENTURY B WEST PALM BE			Title: Name: Address: City-St-Zip:	LEVY, IRWIN H	Change () Addition LACE - SUITE 500 EACH, FL 33401	
Title: Name: Address: City-St-Zip:	V () [ALESHIRE, STER 6190 CORTE DE CARLSBAD, CA	L CEDRO		Title: Name: Address: City-St-Zip:	V (X) HART, LISA 6190 CORTE DE CARLSBAD, CA		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACK JAIVEN V 04/06/2005