

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012292

FILED
May 06, 2005
Secretary of State

Entity Name: NSTORAGE SOLUTIONS, INC.

Current Principal Place of Business:

POST OFFICE BOX 4363
WEST PALM BEACH, FL 33402

New Principal Place of Business:

POST OFFICE BOX 4363
WEST PALM BEACH, FL 33402 US

Current Mailing Address:

POST OFFICE BOX 4363
WEST PALM BEACH, FL 33402

New Mailing Address:

POST OFFICE BOX 4363
WEST PALM BEACH, FL 33402 US

FEI Number: 65-0973391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINS, B.MARTIN
1831 S.W 136TH AVENUE
FT.LAUDERDALE, FL 33325 US

Name and Address of New Registered Agent:

ATKINS, B. MARTIN
1831 S.W 136TH AVENUE
FT.LAUDERDALE, FL 33325 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: B. MARTIN ATKINS

05/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: ATKINS, B.MARTIN
Address: P.O.BOX 4363
City-St-Zip: WEST PALM BEACH, FL 33402

Title: TSD () Delete
Name: ATKINS, MISSYTIN J
Address: P.O.BOX 4363
City-St-Zip: WEST PALM BEACH, FL 33402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: ATKINS, B. MARTIN
Address: P.O.BOX 4363
City-St-Zip: WEST PALM BEACH, FL 33402

Title: TSD (X) Change () Addition
Name: ATKINS, MISSY J
Address: P.O.BOX 4363
City-St-Zip: WEST PALM BEACH, FL 33402

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: B. MARTIN ATKINS

PCD

05/06/2005

Electronic Signature of Signing Officer or Director

Date