

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006528

FILED
Mar 14, 2006
Secretary of State

Entity Name: NORTH SHORE AGENCY, INC.

Current Principal Place of Business:

751 SUMMA AVENUE
WESTBURY, NY 11590

New Principal Place of Business:

Current Mailing Address:

2520 S. 170TH ST
PO BOX 510955
NEW BERLIN, WI 531510955

New Mailing Address:

FEI Number: 11-3399772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: AS () Delete
Name: HOFFMAN, RICHARD
Address: 390 S WOODS MILL RD SUITE 350
City-St-Zip: CHESTERFIELD, MO 63017

Title: VSGC () Delete
Name: GOODMAN, KEVIN
Address: 751 SUMMA AVENUE
City-St-Zip: WESTBURY, NY 11590

Title: PD () Delete
Name: WELLER, GARY L
Address: 390 S. WOODS MILL RD SUITE 350
City-St-Zip: CHESTERFIELD, MO 63017

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change () Addition
Name: HOFFMAN, RICHARD C
Address: 390 S WOODS MILL RD SUITE 350
City-St-Zip: CHESTERFIELD, MO 63017

Title: VPS (X) Change () Addition
Name: FRANKE, MICHAEL
Address: 751 SUMMA AVENUE
City-St-Zip: WESTBURY, NY 11590

Title: VPD (X) Change () Addition
Name: WELLER, GARY L
Address: 390 S. WOODS MILL RD SUITE 350
City-St-Zip: CHESTERFIELD, MO 63017

Title: P () Change (X) Addition
Name: RICHARDS, STEVEN K
Address: 390 S. WOODS MILL RD SUITE 350
City-St-Zip: CHESTERFIELD, MO 63017

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: RICHARD C. HOFFMAN

AS

03/14/2006

Electronic Signature of Signing Officer or Director

_____ Date