## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000006528

City-St-Zip:

HORSHAM, PA 19044

Entity Name: NORTH SHORE AGENCY, INC.

FILED Feb 17, 2009 Secretary of State

Littly Nai	ille. NORTH	SHORE AGENCY, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
270 SPAG MELVILLE	NOLI RD. , NY 11747				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2520 S. 170TH ST PO BOX 510955 NEW BERLIN, WI 531510955			3850 N. CAUSEWAY BLVD. SUITE 200 METAIRIE, LA 70002		
FEI Number	: 11-3399772	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1200 SOU PLANTATI	PORATION SY: TH PINE ISLA ION, FL 33324	ND ROAD I US	ourpose of changing its registered	office or registered agent, or both,	
	e of Florida.	published and oldionione for the p		emos er registeres agent, er zeur,	
SIGNATUR					
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D ( ) BARRIST, MICI 507 PRUDENTI HORSHAM, PA	IAL ROAD	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T/D ( ) SCHWAB, JOH 507 PRUDENTI HORSHAM, PA	IAL ROAD	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S/D ( ) GINDIN, JOSHU 507 PRUDENT		Title: ( Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: JOSHUA GINDIN D/S 02/17/2009