


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90224 039 \*\*\*150.00

**DOCUMENT # P15716**  
 1. Entity Name  
**NSA AGENCIES INC.**



Principal Place of Business  
 110 JAMES DR. WEST  
 SUITE 120  
 ST. ROSE, LA 70087

Mailing Address  
 110 JAMES DR. WEST  
 SUITE 120  
 ST. ROSE, LA 70087

40084086



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 06-1101778

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOAG, BRUCE C.
STREET ADDRESS	<del>30 MARSHALL ST STE 200</del> 58 Inca Drive
CITY-ST-ZIP	<del>SOUTH NORWALK, CT 06854</del> Trumbull, CT 06611
TITLE	TS
NAME	GUERTIN, EVELYN
STREET ADDRESS	110 JAMES DR WEST STE 120
CITY-ST-ZIP	SAINT ROSE, LA 70087
TITLE	PD
NAME	DUFFY, GEORGE E.
STREET ADDRESS	110 JAMES DR WEST STE 120
CITY-ST-ZIP	SAINT ROSE, LA 70087
TITLE	VP
NAME	KITSOS, CHRIS
STREET ADDRESS	110 JAMES DR WEST STE 120
CITY-ST-ZIP	SAINT ROSE, LA 70087
TITLE	D
NAME	ANGLIN, JOHN I
STREET ADDRESS	173 ROSCOMMON PLACE
CITY-ST-ZIP	<del>LANCASHIRE, PA 15317</del> McMurray, Pa. 153172445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cubley Swinton* Date: 4-24-06 Daytime Phone #: 504-469-0731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR