


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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
--	--



01122007 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 <input type="checkbox"/>	\$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, 2007 Fee will be \$550.00

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

000000741571
 05/15/07-80033-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOAG, BRUCE C. 58 INCA DR TRUMBULL, CT 06611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GUERTIN, EVELYN 110 JAMES DR WEST STE 120 SAINT ROSE, LA 70087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUFFY, GEORGE E. 110 JAMES DR WEST STE 120 SAINT ROSE, LA 70087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KITSOS, CHRIS 110 JAMES DR WEST STE 120 SAINT ROSE, LA 70087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGLIN, JOHN I 173 ROSCOMMON PLACE MCMURRAY, PA 153172445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Cubert Guertin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07 504-469-0731
 Date Daytime Phone #