

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90023 049 ***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**



01232008 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOAG, BRUCE C. 58 INCA DR 17 Deer Run Trail TRUMBULL, CT 06644 Sherman, CT 06784
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: *Evelyn Guertin* Evelyn Guertin, CFO **4/9/08** 504-469-0731
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #