

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15716

FILED
Mar 20, 2009
Secretary of State

Entity Name: NSA AGENCIES INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 06-1101778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: D () Delete
Name: HOAG, BRUCE C.,
Address: 17 DEER RUN TRAIL
City-St-Zip: SHERMAN, CT 06784

Title: TS () Delete
Name: GUERTIN, EVELYN
Address: 110 JAMES DR WEST STE 120
City-St-Zip: SAINT ROSE, LA 70087

Title: PD () Delete
Name: DUFFY, GEORGE E.,
Address: 110 JAMES DR WEST STE 120
City-St-Zip: SAINT ROSE, LA 70087

Title: VP () Delete
Name: KITSOS, CHRIS,
Address: 110 JAMES DR WEST STE 120
City-St-Zip: SAINT ROSE, LA 70087

Title: D () Delete
Name: ANGLIN, JOHN I
Address: 173 ROSCOMMON PLACE
City-St-Zip: MCMURRAY, PA 153172445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANGLIN, JOHN I
Address: 173 ROSCOMMON PLACE
City-St-Zip: MCMURRAY, PA 15317

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.

SIGNATURE: EVELYN GUERTIN

Electronic Signature of Signing Officer or Director

CFO

03/20/2009

_____ Date