

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Amended

FILED

04 JUN 23 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06222004 Chg-P CR2E034 (10/03)

DOCUMENT # P29584					
1. Entity Name DIMENSION DEVELOPMENT COMPANY, INC. OF LOUISIANA					
Principal Place of Business 401 KEYSER AVE NATCHITOCHES, LA 71457 US		Mailing Address P.O. BOX 7100 NATCHITOCHES, LA 71457 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 72-1127122	
				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			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, SAM J.		NAME	Gregory Friedman	
STREET ADDRESS	401 KEYSER AVE.		STREET ADDRESS	401 Keyser Avenue	
CITY-ST-ZIP	NATCHITOCHES, LA 71457		CITY-ST-ZIP	Natchitoches, LA 71457	
TITLE	COB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JOHN S., JR.		NAME		
STREET ADDRESS	820 GARRETT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOSSIER CITY, LA 71111		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCIL, BOBBY R		NAME		
STREET ADDRESS	401 KEYSER AVE		STREET ADDRESS	500038248235	
CITY-ST-ZIP	NATCHITOCHES, LA 71457		CITY-ST-ZIP	06/24/04--01080--002 **61.25	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Gregory Friedman</i>		Date: 6/22/04 (318)		Daytime Phone #: 352-8238	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					