


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P29584**  
1. Entity Name  
**DIMENSION DEVELOPMENT COMPANY, INC. OF LOUISIANA**



Principal Place of Business: **401 KEYSER AVE NATCHITOCHE, LA 71457 US**  
Mailing Address: **P.O. BOX 7100 NATCHITOCHE, LA 71457 US**

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)  
4. FEI Number **72-1127122** 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 NAME STREET ADDRESS CITY - ST - ZIP	P FRIEDMAN, GREGORY 401 KEYSER AVE. NATCHITOCHE, LA 71457
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB TURNER, JOHN S., JR. 820 GARRETT DRIVE BOSSIER CITY, LA 71111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MANCIL, BOBBY R 401 KEYSER AVE NATCHITOCHE, LA 71457
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

1101000395295  
01/26/06 80096-004 150.00

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:**  **1-18-06 318-352-8238**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #