2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P29584

1. Entity Name

DIMENSION DEVELOPMENT COMPANY, INC. OF LOUISIANA



Principal Place of Business

Mailing Address

401 KEYSER AVE

NATCHITOCHES, LA 71457 US

P.O. BOX 7100

NATCHITOCHES, LA 71457 . US

FILED
Mar 31, 2008 08:00 A
Secretary of State



DO NOT WRITE IN THIS SPACE

02292008 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstaling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 000000874436 04/10/08-80119-009 150.00

10. OFFICERS AND DIRECTORS TITLE FRIEDMAN, GREGORY NAME 401 KEYSER AVE. STREET ADDRESS CITY-ST-ZIP NATCHITOCHES, LA 71457 COR TITLE TURNER, JOHN S., JR. NAME 820 GARRETT DRIVE STREET ADDRESS CITY-ST-ZIP BOSSIER CITY, LA 71111 TITLE MANCIL, BOBBY R NAME STREET ADDRESS 401 KEYSER AVE CITY-ST-ZIP NATCHITOCHES, LA 71457 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby 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:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

slanlos

3183528238

Daytime Phone #