


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90017 021 ***150.00

DOCUMENT # P97000012311 1. Entity Name THE PRINCE MURAT CORPORATION, INC.	
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40035956



02092007 No Chg-P CR2E034 (11/05)

Principal Place of Business 2881 JEFFERSON ST MARIANNA, FL 32446	Mailing Address P.O. BOX 6356 DOTHAN, AL 36302
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3426133	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILKINSON, THOMAS C 2881 JEFFERSON ST MARIANNA, FL 32446

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS WILKINSON, THOMAS C 2881 JEFFERSON ST MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT ELLIS, JAMES C P O BOX 6356 DOTHAN, AL 36302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT ELLIS, JAMES C 11300 APPIAN WAY DOTHAN, AL 36303
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

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: *James C. Ellis, Treasurer, 3/13/07, 334-792-2153*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR