

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032833

**FILED**  
**Mar 07, 2008**  
**Secretary of State**

**Entity Name:** MUORIE WEALTH MANAGEMENT CONSULTANTS, INC,

**Current Principal Place of Business:**

283 CRANES ROOST BLVD  
SUITE 111  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

863 ASSEMBLY COURT  
REUNION, FL 34747

**Current Mailing Address:**

283 CRANES ROOST BLVD  
SUITE  
ALTAMONTE, FL 32710

**New Mailing Address:**

863 ASSEMBLY COURT  
REUNION, FL 34747

**FEI Number:** 57-1193714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MILONAS, TASO M  
1800 SECOND STREET  
SUITE 884  
SARASOTA, FL 34236 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 (X).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MUORIE, IDA MUORIE  
Address: 283 CRANES ROOST BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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:** IDA R MUORIE

PRES

03/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date