


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000058605**  
 1. Entity Name  
 336 PARTNERS, INC



Principal Place of Business 336 S. COUNTY RD. PALM BEACH, FL 33480	Mailing Address 336 S. COUNTY RD. PALM BEACH, FL 33480
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0928873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ORRICO, CASSANDRA M  
 336 S. COUNTY RD.  
 PALM BEACH, FL 33480

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent (and title if applicable) (NOTE, Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

U00000602382  
 01/26/07-80086-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORRICO, CASSANDRA 336 S COUNTY RD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORRICO, KATHLEEN 2128 VISTA DR JUNO, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Cassandra Orrico* **1/23/07** **561-659-1284**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #