


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P36320	
1. Entity Name 12684 CORPORATION	

Principal Place of Business EMIL C. MARQUARPT 625 COURT STREET CLEARWATER, FL 33756 US	Mailing Address 50 BARTOR RD TORONTO, ONTARIO, CA m9-m2g5 XX
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01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0334546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C., JR.
 625 COURT STREET
 2ND FLOOR
 CLEARWATER, FL 33756

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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, 2008 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	PS
NAME	ROSE, BARRIE D.
STREET ADDRESS	110 BLOOR ST W, #905
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA, M5R- G3
TITLE	AS
NAME	ROSE, JOHN A.
STREET ADDRESS	185 OLD FOREST HILL ROAD
CITY-ST-ZIP	TORONTO, ONT., CANADA,
TITLE	AS
NAME	ROSE, ROBERT A.
STREET ADDRESS	44 S. JOSEPH STREET, STE 2614
CITY-ST-ZIP	TORONTO, ONT., CANADA,
TITLE	AS
NAME	ROSE, PAUL A
STREET ADDRESS	73 GLENCAIRN AVE
CITY-ST-ZIP	TORONTO, ONTARIO, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: BARRIE ROSE *[Signature]* Jan 15/08 416 245 3333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #