

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90353 008 \*\*\*150.00

|                                                                                                                                                                                                                               |                                                                                                                     |         |                                                                                          |                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------|------------------------------------|--|
| <b>DOCUMENT # 588395</b><br>1. Entity Name<br><b>MAT LEN, INC.</b>                                                                                                                                                            |                                                                                                                     |         |                                                                                          |                                    |  |
| Principal Place of Business<br><b>4211 YONGE STREET<br/>230<br/>TORONTO ONTARIO CANADA, M2P -2A9</b>                                                                                                                          |                                                                                                                     |         | Mailing Address<br><b>4211 YONGE STREET<br/>230<br/>TORONTO ONTARIO CANADA, M2P -2A9</b> |                                    |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                     |                                                                                                                     |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                            |                                    |  |
| City & State                                                                                                                                                                                                                  |                                                                                                                     |         | City & State                                                                             |                                    |  |
| Zip                                                                                                                                                                                                                           |                                                                                                                     | Country |                                                                                          | Zip                                |  |
| Country                                                                                                                                                                                                                       |                                                                                                                     | Country |                                                                                          | 4. FEI Number<br><b>59-1959520</b> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                                                                     |         |                                                                                          | Applied For<br>Not Applicable      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MONCHICK, MICHAEL J<br/>515 N. Flagler Dr., Suite 1700<br/>West Palm Beach, FL 33401</b>                                                                            |                                                                                                                     |         |                                                                                          |                                    |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                                                         |                                                                                                                     |         |                                                                                          |                                    |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                  |                                                                                                                     |         |                                                                                          |                                    |  |
| DATE _____                                                                                                                                                                                                                    |                                                                                                                     |         |                                                                                          |                                    |  |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                  |                                                                                                                     |         |                                                                                          |                                    |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                        |                                                                                                                     |         |                                                                                          |                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                                                                     |         |                                                                                          |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | P <b>ALLEN, MAC</b> <input type="checkbox"/> Delete<br><b>4211 YONGE STREET<br/>TORONTO ONTARIO CANADA, M2P 2A9</b> |         |                                                                                          |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                     |         |                                                                                          |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                     |         |                                                                                          |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                     |         |                                                                                          |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                     |         |                                                                                          |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                     |         |                                                                                          |                                    |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                  |                                                                                                                     |         |                                                                                          |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |         |                                                                                          |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |         |                                                                                          |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |         |                                                                                          |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |         |                                                                                          |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |         |                                                                                          |                                    |  |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 17 2006**

Date

Daytime Phone #

ATTACHMENT  
40050035  
#588395

### Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2003        | 11/17/2003 |
| 2004        | 12/20/2004 |
| 2005        | 01/07/2005 |

[Previous Filing](#)[Return to List](#)[Next Filing](#)[View Events](#)[View Name History](#)

### Document Images

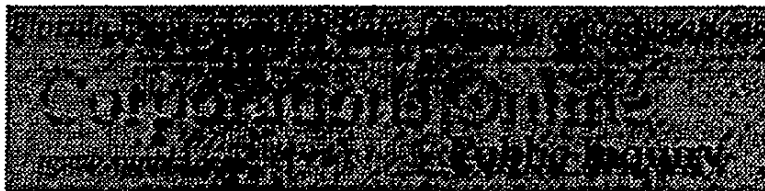
Listed below are the images available for this filing.

01/07/2005 – ANN REP/UNIFORM BUS REP  
12/20/2004 – REINSTATEMENT  
11/21/2003 – Amendment  
11/17/2003 – REINSTATEMENT

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**

[Corporations Inquiry](#)[Corporations Help](#)

40850035



## Florida Profit

MAT LEN, INC.

## PRINCIPAL ADDRESS

4211 YONGE STREET  
230  
TORONTO ONTARIO CANADA M2P -2A9  
Changed 11/17/2003

## MAILING ADDRESS

4211 YONGE STREET  
230  
TORONTO ONTARIO CANADA M2P -2A9  
Changed 11/17/2003

## Document Number

588395

## FEI Number

591959520

## Date Filed

10/03/1978

## State

FL

## Status

ACTIVE

## Effective Date

NONE

## Last Event

CANCEL ADM DISS/REV

## Event Date Filed

12/20/2004

## Event Effective Date

NONE

## Registered Agent

| Name & Address                                                                  |
|---------------------------------------------------------------------------------|
| MONCHICK, MICHAEL J<br>123 VIZCAYA ESTATES DRIVE<br>PALM BEACH GARDENS FL 33418 |
| Address Changed: 12/20/2004                                                     |

## Officer/Director Detail

| Name & Address                                                     | Title |
|--------------------------------------------------------------------|-------|
| ALLEN, MAC<br>4211 YONGE STREET<br>TORONTO ONTARIO CANADA M2P -2A9 | P     |