FILED
Apr 21, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 588395

1. Entity Name
MAT LEN, INC.

Principal Place of Business	Mailing Address
4211 YONGE STREET 230 TORONTO ONTARIO CANADA, M2P -2A9	4211 YONGE STREET 230 TORONTO ONTARIO CANADA, M2P -2A9

DO NOT WRITE IN THIS SPACE

04142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1959520

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONCHICK, MICHAEL J
515 N FLAGLER DR STE 1700
WEST PALM BEACH, FL 33401

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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 _____ 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, 2008 Fee will be $550.00

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

U00000912802
05/07/08-80095-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLEN, MAC
STREET ADDRESS	4211 YONGE ST STE 230
CITY-ST-ZIP	TORONTO ONTARIO CANADA, M2P 2A9
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: Maxwell J.Allen President Apr.15/08 416 222-0815 x224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #