

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588395

Entity Name: MAT LEN, INC.

FILED  
Apr 02, 2009  
Secretary of State

## Current Principal Place of Business:

4211 YONGE STREET  
230  
TORONTO ONTARIO CANADA, M2P 2A9

## Current Mailing Address:

4211 YONGE STREET  
230  
TORONTO ONTARIO CANADA, M2P 2A9

FEI Number: 59-1959520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## New Principal Place of Business:

4211 YONGE STREET  
230  
TORONTO ONTARIO CANADA, CA M2P 2A9

## New Mailing Address:

4211 YONGE STREET  
230  
TORONTO ONTARIO CANADA, CA M2P 2A9

## 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 ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALLEN, MAC  
Address: 4211 YONGE ST STE 230  
City-St-Zip: TORONTO ONTARIO CANADA, M2P 2A9

## 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: MAXWELL J.ALLEN

PRES

04/02/2009

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

\_\_\_\_\_ Date