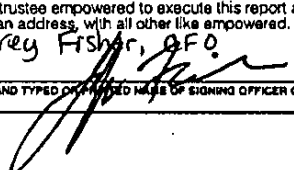


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JUL -1 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006217 1. Entity Name PLC MILLENIA, INC.			
Principal Place of Business 17140 BERNARDO CENTER DRIVE, SUITE 300 SAN DIEGO, CA 92128		Mailing Address 17140 BERNARDO CENTER DRIVE, SUITE 300 SAN DIEGO, CA 92128	
2. Principal Place of Business <i>7979 Ivanhoe Avenue</i> Suite, Apt. #, etc. <i>Suite 550</i> City & State <i>La Jolla, CA</i>		3. Mailing Address <i>7979 Ivanhoe Avenue</i> Suite, Apt. #, etc. <i>Suite 550</i> City & State <i>La Jolla, CA</i>	
Zip <i>92037</i>		Zip <i>92037</i>	
Country <i>US</i>		Country <i>US</i>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number NOT APPLICABLE	
Applied For Not Applicable		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete MCGRORY, JACK 17140 BERNARDO CENTER DRIVE, SUITE 300 SAN DIEGO, CA 92128	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McGrory, Jack 7979 Ivanhoe Avenue, Suite 550 La Jolla, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <input checked="" type="checkbox"/> Delete VISCONSI, JOHN 17140 BERNARDO CENTER DRIVE, SUITE 300 SAN DIEGO, CA 92128	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete FISHER, JEFFREY 17140 BERNARDO CENTER DRIVE, SUITE 300 SAN DIEGO, CA 92128	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fisher, Jeffrey 7979 Ivanhoe Avenue, Suite 550 La Jolla, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete SIORDIA, ROBERT 17140 BERNARDO CENTER DRIVE, SUITE 300 SAN DIEGO, CA 92128	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Siordia, Robert 7979 Ivanhoe Avenue, Suite 550 La Jolla, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 19.07(3)(i), 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: <i>Jeffrey Fisher, CFO</i> 		Date <i>6-3-05</i> 858/373-2062 <small>Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			