

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000006217  
 1. Entity Name  
 PLC MILLENIA, INC.



Principal Place of Business      Mailing Address  
 7979 IVANHOE AVENUE      7979 IVANHOE AVENUE  
 SUITE 530      SUITE 550  
 LA JOLLA, CA 92037      LA JOLLA, CA 92037



01122006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 NOT APPLICABLE      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 renewing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	MCGRORY, JACK
STREET ADDRESS	7979 IVANHOE AVENUE, STE. 550
CITY-ST-ZIP	LA JOLLA, CA 92037
TITLE	CFO
NAME	FISHER, JEFFREY
STREET ADDRESS	7979 IVANHOE AVENUE, STE. 550
CITY-ST-ZIP	LA JOLLA, CA 92037
TITLE	COO
NAME	SIORDIA, ROBERT
STREET ADDRESS	7979 IVANHOE AVENUE, STE. 550
CITY-ST-ZIP	LA JOLLA, CA 92037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11771000450030  
 03/03/06-80077-014 150.00

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ DATE: 1/13/06      858-373-2063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Office      Office Phone #