


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2007 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 550 SUITE 550
 LA JOLLA, CA 92037 LA JOLLA, CA 92037

DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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, 2007 Fee will be \$550.00

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

U00000742903
 05/15/07-80087-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCGRORY, JACK 7979 IVANHOE AVENUE, STE. 550 LA JOLLA, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FISHER, JEFFREY 7979 IVANHOE AVENUE, STE. 550 LA JOLLA, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SIORDIA, ROBERT 7979 IVANHOE AVENUE, STE. 550 LA JOLLA, CA 92037
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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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:  CFO 4/26/07 858-323-2066
Signature and typed or printed name of signing officer or director Date Daytime Phone #