2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# F05000001483

Entity Name: BRIDGEPOINT EDUCATION, INC.

Current Principal Place of Business:

13500 EVENING CREEK DRIVE
SUITE 600
POWAY, CA 92128

New Principal Place of Business:

Current Mailing Address:

13500 EVENING CREEK DRIVE
SUITE 600
SAN DIEGO, CA 92128

New Mailing Address:

FEI Number: 59-3551629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:	CCEO	( ) Delete
Name:	CLARK, ANDREW	
Address:	13500 EVENING CREEK DRIVE, SUITE 600	
City-St-Zip:	SAN DIEGO, CA 92128	
Title:	VCS	( ) Delete
Name:	TURNER, SCOTT	
Address:	13500 EVENING CREEK DRVIE, SUITE 600	
City-St-Zip:	SAN DIEGO, CA 92128	
Title:	CFO	( ) Delete
Name:	DEVINE, DANIEL J	
Address:	13500 EVENING CREEK DRIVE, SUITE 600	
City-St-Zip:	SAN DIEGO, CA 92128	
Title:	D	( ) Delete
Name:	STROUSE, MIMI	
Address:	13500 EVENING CREEK DRIVE, SUITE 600	
City-St-Zip:	SAN DIEGO, CA 92128	
Title:	D	( ) Delete
Name:	CRAIG, RYAN	
Address:	13500 EVENING CREEK DRIVE, SUITE 600	
City-St-Zip:	SAN DIEGO, CA 92128	
Title:	D	( ) Delete
Name:	WENRICH, BILL	
Address:	13500 EVENING CREEK DRIVE, SUITE 600	
City-St-Zip:	SAN DIEGO, CA 92128	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL J. DEVINE CFO 01/18/2007

Electronic Signature of Signing Officer or Director — Date