


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90050 012 ***150.00

DOCUMENT # F96000004222			
1. Entity Name CORINTHIAN COLLEGES, INC.			
Principal Place of Business 6 HUTTON CTR DRIVE, SUITE 400 SANTA ANA CA 92707-5764		Mailing Address 6 HUTTON CTR DRIVE, SUITE 400 SANTA ANA CA 92707-5764	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50014178



1st MOORE CR2E034 (10/04)

4. FEI Number 33-0717312		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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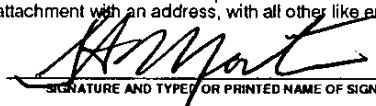
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO MOORE, DAVID G 6 HUTTON CTR DRIVE, SUITE 400 SANTA ANA CA 92707-5764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-C David G. Moore 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO DIGIOVANNI, ANTHONT 6 HUTTON CTR DRIVE, SUITE 400 SANTA ANA CA 92707-5764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO Jack D. Massimino 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERRE, PAUL R ST. 6 HUTTON CTR DRIVE, SUITE 400 SANTA ANA CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Beth A. Wilson 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEVEREUX, DENNIS 6 HUTTON CTR DRIVE, SUITE 400 SANTA ANA CA 92707-5764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mary Barry 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEAL, DENNIS N 6 HUTTON CENTER DR. #400 SANTA ANA CA 92707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Robert C. Owen 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MORTENSEN, STAN A 6 HUTTON CENTER DR., #400 SANTA ANA CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Guy M. Marsala 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:  Stan A. Mortensen 2/1/05 (714) 427-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #