2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000032720

Entity Name: CORINTHIAN PROPERTY GROUP, INC.

FILED Feb 14, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6 HUTTOI	N CENTRE DRI	VE			
SUITE 400 SANTA AN) NA, CA 92707				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
OTTUH 6	N CENTRE DRI	VE			
SUITE 400 SANTA AN) NA, CA 92707				
FEI Number	: 33-0752106	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOU	PORATION SYS ITH PINE ISLAN ION, FL 33324				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICER	S AND DIRECT	rors:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MASSIMINO, JA	TRE DRIVE STE 400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WALLER, PETE	TRE DRIVE STE 400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILSON, BETH	Delete TRE DRIVE STE 400 . 92707	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ORD, KENNETH	TRE DRIVE STE 400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORTENSEN, S	TRE DRIVE STE 400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OWEN, ROBER	TRE DR SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: STAN MORTENSEN 02/14/2008 VS Date