

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000008736
 1. Entity Name
 PUBLIC EDUCATION DEFENSE FUND, INC.



Principal Place of Business
 213 SOUTH ADAMS STREET
 TALLAHASSEE, FL 32301

Mailing Address
 213 SOUTH ADAMS STREET
 TALLAHASSEE, FL 32301

FILED
 07 APR 26 AM 9:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



03152007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 20-3428783

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GILLIARD, MICHAEL
 213 SOUTH ADAMS STREET
 TALLAHASSEE, FL 32301

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B. 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)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COOK, CLARA
STREET ADDRESS	213 SOUTH ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	SD
NAME	WALLACE, AARON
STREET ADDRESS	213 SOUTH ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	TD
NAME	GILLIARD, MICHAEL
STREET ADDRESS	213 SOUTH ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	WRIGHT, JEFF
STREET ADDRESS	201 SOUTH ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	SWORDS, AMBER
STREET ADDRESS	213 SOUTH ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
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 617, 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: Aaron Wallace Aaron Wallace 3/20/07 Date 850-222-4767 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR