## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400000325

FILED Feb 01, 2007 Secretary of State

Entity Name: AFRICAN PEOPLE'S EDUCATION AND DEFENSE FUND, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1245 18TH A\ SUITE 4 ST PETERSB	VE SOUTH BURG, FL 33°	705			
Current Mailing Address:			New Mailing Addres	ss:	
1245 18TH A\ SUITE 4 ST PETERSB	VE SOUTH BURG, FL 33	705			
FEI Number: 59-	-3252727	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Ad	ddress of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
The above na in the State of	VE SOUTH BURG, FL 33 amed entity su f Florida.		rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			t	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: D. Address: 12 City-St-Zip: S	PD ()D  AVIS, HARRIET 245 18TH AVE S  T PETERSBURG	SOUTH	Title: Name: Address: City-St-Zip: Title:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: W Address: 12	VAGENER, MAUI 245 18TH AVE S ST. PETERSBUR	REEN SOUTH #4	Name: Address: City-St-Zip:	( ) Shange ( ) / haditen	
Address: 12	O () D OHN, DUE ESQ 245 18TH AVE S ST. PETERSBURG	SOUTH #4	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: 12	) (X) C REILLY, KITTY 245 18TH AVE S ST. PETERSBURG		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Address: 79	) (X) D DLATUNGE, BAK 911 MAC ARTHU DAKLAND, CA 94	JR BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIET DAVIS PD 02/01/2007