


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000112433 1. Entity Name ERIKA, INC.	
------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES, FL 34108	Mailing Address C/O DAVID G. BUDD 5551 RIDGEWOOD DR., #501 NAPLES, FL 34108
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3331095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUDD, DAVID G 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000937451 05/27/08-80050-008 143.75
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BUDD, DAVID G 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STARMAN, SHELDON W 4099 TAMiami TR NORTH SUITE 400 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, JULIA M 9201 W OLYMPIC BLVD SUITE 200 BEVERLY HILLS, CA 90212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAPIN, DAVID A 9201 W OLYMPIC BLVD SUITE 200 BEVERLY HILLS, CA 90212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: David G Budd 4-25-08 239-514-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DAVID G BUDD, Vice President