

**2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F15000000205

**Entity Name:** GOOD METHODS GLOBAL INC.**Current Principal Place of Business:**2954 MALLORY CIR STE 209  
KISSIMMEE, FL 34747**Current Mailing Address:**2954 MALLORY CIR STE 209  
KISSIMMEE, FL 34747 US**FEI Number: 47-2504474****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE 2ND FL  
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           KRISHNA, ABILASH T  
Address        7762 LINKSIDE LOOP  
City-State-Zip: REUNION FL 34747

Title            DIRECTOR  
Name           SIVADASAN, BABU VINOD  
Address        44144 IBERO WAY  
City-State-Zip: FREMONT CA 94539

Title            DIRECTOR  
Name           KIRANI, SHEKHAR  
Address        5TH FLOOR EBENE ESPLANADE 24  
BANK STREET  
City-State-Zip: CYBERCITY

Title            DIRECTOR  
Name           BYERS, CARL  
Address        ONE MAIN STREET 13TH FLOOR  
City-State-Zip: CAMBRIDGE MA 02142

Title            DIRECTOR  
Name           KUMAR, PUNEET  
Address        C-4303, LODHA FLORENZA,  
GOREGOAN EAST  
City-State-Zip: MUMBAI 400063

Title            DIRECTOR  
Name           SAMOW, RAHMA  
Address        PETER MERIAN WEG  
City-State-Zip: BASEL 124052

Title            HEAD OF OPERATIONS  
Name           SATHEESH, ARJUN  
Address        7762 LINKSIDE LOOP  
City-State-Zip: REUNION FL 34747

Title            DIRECTOR  
Name           MASSINO, FRANK  
Address        10 BANK STREET, SUITE 560  
City-State-Zip: WHITE PLAINS FL 34747

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*I hereby 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 all other like empowered.*

**SIGNATURE: ARJUN SATHEESH****HEAD OF OPERATIONS****05/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	NELSON, VARUN
Address	7762 LINKSIDE LOOP
City-State-Zip:	REUNION FL 34747