

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002719

**Entity Name:** ETHOSOFT, INC.

**Current Principal Place of Business:**

6050 PEACHTREE PKWY, STE 240 #249  
NORCROSS, GA 30092

**Current Mailing Address:**

4618 ARMLEY POINT  
NORCROSS, GA 30092 US

**FEI Number:** 20-2913165

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67 TH CT N  
LOXAHATCHEE, FL 33470 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 CPST  
Name MOSS, BILL  
Address 4618 ARMLEY POINT  
City-State-Zip: NORCROSS GA 30092

Title VCP  
Name PINGPANK, WILLIAM  
Address 1100 VERNON SPRINGS CT NW  
City-State-Zip: ATLANTA GA 30188

Title D  
Name LANKFORD, DANIEL  
Address 3921 POLONO WAY  
City-State-Zip: MARIETTA GA 30064

Title D  
Name MIZE, THOAMS  
Address 215 LAKESTONE OVERLOOK  
City-State-Zip: WOODSTOCK GA 30152

Title DIRECOTR  
Name HARRIS, MICHAEL  
Address 2717 DENIAN COURT  
City-State-Zip: KENNESAW GA 30152

*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:** BILL MOSS

**PRSEIDENT AND CEO**

**09/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date