

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000002949

**Entity Name:** SODA HEALTH, INC.

**Current Principal Place of Business:**

1471 LE CHESNAY DR  
CENTERTON, AR 72719

**Current Mailing Address:**

1471 LE CHESNAY DR  
CENTERTON, AR 72719 US

**FEI Number: 86-2230622**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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            CEO  
Name            KNIGHT, ROBERT ALAN  
Address        1471 LE CHESNAY DR  
City-State-Zip: CENTERTON AR 72719

Title            CFO  
Name            KNIGHT, ROBERT ALAN  
Address        1471 LE CHESNAY DR  
City-State-Zip: CENTERTON AR 72719

Title            CGO  
Name            RISINGER, JAMES DARYL  
Address        1471 LE CHESNAY DR  
City-State-Zip: CENTERTON AR 72719

Title            S  
Name            DAUMAN, JARED  
Address        1471 LE CHESNAY DR  
City-State-Zip: CENTERTON AR 72719

Title            CTO  
Name            ELLIOT BROWN, CHRISTOPHER  
Address        1471 LE CHESNAY DR  
City-State-Zip: CENTERTON AR 72719

*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: ROBERT ALAN KNIGHT**

**CHIEF EXECUTIVE  
OFFICER**

**04/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date