



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 264085		2. Name of Corporation ISERVE SERVICES, INC.			
3. Street Address Principal Business Office 222 W LAS COLINAS BLVD, STE 1252E		City FAVING	State TX	Zip 75039	
4. Business Phone No. 214-456-9500		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island MEDIATING REAL ESTATE TRANSACTIONS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LOUIS AMAYA		Vice President Name RALPH CARRIGAN			
Street Address 8011 CORTE LAS LENAS		Street Address 2152 BROOK HIGHLAND RIDGE			
City SAN DIEGO	State CA	Zip 92129	City BIRMINGHAM	State AL	Zip 35242
Secretary Name MATTHEW STADLER		Treasurer Name MATTHEW STADLER			
Street Address 2812 RANCHERO WAY		Street Address 2812 RANCHERO WAY			
City FLOWER MOUND	State TX	Zip 75028	City FLOWER MOUND	State TX	Zip 75028
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000		01 \$10 TOTAL	NONE	NONE	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date FEB 25 2008

Check No. 5178

By: mmc

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Ralph Carrigan Date 2/6/08

Print or Type Name Ralph Carrigan

Title COO