

(FORM MUST BE TYPED IN BLACK)

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 Filing Fee: \$50.00

1. Corporate 1D No.								
136463	•	al Estate Review						
3. Street Address Principal Busin	-		City	State	Zip			
3815 South West Te	emple, ATTN:	Corporate Legal	Salt Lake City	UT	84115			
4. Business Phone No.	•	5. State of Incorporation			6. SIC Code			
(801) 293-1883		Deleware			8888			
7. Brief Description of the Chara PROVIDED BROKER PRICE			ND PROPERTY PRESERV	ATION SERVICES				
ENAMES AND ADDRESS	ESOFTHE OFFIC	ERS ("X" BOX FOR ATTA		CES BEFORE USING ATTAC	MINISTER 1140			
			, Vice President Name					
Matthew L. Holling	sworth		· N/A					
Street Address			Street Address					
3815 South West Temple, ATTN: Corp. Legal			· N/A					
City	State	Zıp	City	State	Zip			
Salt Lake City	੍ਹਾ UT	84115	· N/A	N/A	N/A			
Secretary Name Treasurer Name								
Robert J. Holz			Bryan M. Marshall					
Street Address			* Street Address					
3815 South West Te	emple, ATTN:	Corp. Legal	.3815 South West Temple, ATNN: Corp. Legal					
City	State	Zıp	*City	State	Z ıp			
Salt Lake City	UT	84115	Salt Lake City	UT	84115			
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Director Name	mi mi Chiadha a mainh ileann a' add		Director Name	<u> </u>				
Matthew L. Holling	sworth		*Bryan M. Marshall					
Street Address			Street Address					
3815 South West Temple, ATTN: Corp. Legal			*3815 South West Temple, ATTN: Corp. Legal					
City	State	Zip	·City	State	Zıp			
Salt Lake City	UT	84115	Salt Lake City	UT	84115			
Director Name Director Name								
Robert J. Holz			N/A					
Street Address			Street Address					
3815 South West Te	emple, ATTN:	Corp. Legal	'N/A					
City	State	Zıp	City	State	Zip			
Salt Lake City	UT	84115	'N/A	N/A	N/A			
<u> </u>	DOWN ROY FOR AT	TACHMENT STUBBLES	•	ROY FOR ATTACHMENT				
10. SHARES AUTHORIZED (**) BOX FOR ATTACHMENTS AUTHORIZED SHARES			ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	:Class/Senes	Par Value			
1,000 COMM \$0.01 PAR VALUE			1000	A Voting/Comm	\$.01			
This report must be signe	d in ink by either	the President, Vice Pre	esident, Secretary, Assist	ant Secretary, Treasurer,	Receiver or Truste			
	3 B1919 B1188 1 4 6 3		Under penalty of perio	ury I declare and affirm that I	have examined			

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Check No.

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By.

FOR SECRETARY DESTATE 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.

Date

Signature of Officer
Robert J. Holz

Print or Type Name of Officer

Secretary
Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divisi 100 North Main Str Providence, RI 02903-13 401.222.30

1. Corporate ID No.	2. Name of Corp.	oration				
3 Street Address Principal Business	Residential	RealEstate Review. Inc.				
320 South Warminster Road			City	State	Zφ	
		 	Hatboro	PA	19040	
3. State of Incorporatio		n		G. SIC Code		
7. Brief Description of the Character of Business Conducted in Rhode Island						
PROVIDED BROKER P	r of Business Conduct RICE OPINION, P	ed in Rhode Island ROPERTY INSPECTION AF	NO DECORPORAÇÃO			
8. NAMES AND ADDRESSE	S OF THE OFFIC	The case of the second	TO PROPERTY PRESERV	ATION SERVICES		
President Name	o or the oppi	ERS: ("X" BOX FOR AT		IN SPACES BEFORE USIN	G ATTACHMENTS	
Matthew I II-11			Vice President Name	•	*	
Matthew L. Hollingsworth			Anthony O. Beirne			
1	_		Street Address			
3815 South West Temple			3815 South West Temple			
1 - 7	State	Zip	City	State	Zip	
Salt Lake City Secretary Name	UT	84115-4412	Salt Lake Cit	y UT	84115-4412	
l ' '			Treasurer Name	ا] 04113-4412	
Gregory E. Harmer						
			Street Address			
3815 South West Te	mple					
City	State	Zip	City	State		
Salt Lake City 9. NAMES AND ADDRESSES Director Name	l ur	8/115-//12		State	Zip	
9. NAMES AND ADDRESSES	OF THE DIREC	TORS: ("X" BOX FOR A	TTACHMENT) [] Eu	l IN COLORA DESCRIP		
Director Name			Director Name	L IN SPACES BEFORE USI	NG ATTACHMENTS	
Matthew L. Holling	sworth		•			
Street Address			Anthony O. Beirne			
3815 South West Ter	mnle					
City	State	Zip	3815 South Wes	t Temple		
Salt Lake City	LUT	1 '	City	State	Z.ip	
Director Name	T. N.1	84115-4412	Salt Lake City	UT	84115-4412	
Gregory E. Harmer			Director Name			
Striet Address				<u></u>		
3815 South West Ter	1_		Street Address			
City:	State	Zip	<u> </u>			
Salt Lake City	1	*	City	State	Zip	
10. SHARES AUTHORIZED (UT	84115-4412				
AUTHORIZED SHARES	A BUX FUR A	ITACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	<u> </u>		ISSUED SHARES			
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1,000 COMM \$0.01 PAR VALU	ie.					
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This report must be si	gned in ink by e	ither the President, Vice P	resident Secretory April	stant Secretary, Treasurer, I		
	·		resident, Secretary, Assis	tant Secretary, Freasurer, I	Receiver or Trustee	
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1 16 6161 1187	TING BUIL BUDIE BUIR		Under penalty of g	erjury, I declare and affirm the	at I have evenined this	
+1	3646	3- *	mendanig any acco	impanying schedules and state	ments and that all statement	
0	13 000	1	contained herein a	true and correct.		
File Date	1.09	_	(butt	9716/		
1353	24	1	Signature of Office	WALF Kee	1130104	
Check No		-	- ()		Date	
P	ラ ょ		Anthony & Beirne			
Ву:		-	Print or Type Name of Officer			
FOR SECRETARY OF STAT	E USE ONI Y		Vice proct	lant		
			Vice president Title of Officer			
			-7 -7/1000			