


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 858089 1. Entity Name CONAM SECURITIES, INC.	
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Principal Place of Business 3990 RUFFIN RD ST 100 ATTN: LEGAL SAN DIEGO, CA 92123	Mailing Address 3990 RUFFIN RD ST 100 ATTN: LEGAL SAN DIEGO, CA 92123
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-3637351	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RALPH W TILLEY 3990 RUFFIN RD ST 100 SAN DIEGO, CA 92123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TILLEY, RALPH 3990 RUFFIN RD STE 100 SAN DIEGO, CA 92123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, DANIEL J. 3990 RUFFIN RD STE 100 SAN DIEGO, CA 92123
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/14/05-80043-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph Tilley, Secretary  **1/6/05** **858/614/7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #