



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P06774 1. Entity Name RUAN SECURITIES CORPORATION	
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Principal Place of Business 604 LOCUST ST STE 317 DES MOINES, IA 50309 US	Mailing Address 604 LOCUST ST STE 317 DES MOINES, IA 50309 US
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DO NOT WRITE IN THIS SPACE



05182005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1251158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND DR
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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	D/P MEHL, TOM 604 LOCUST ST STE 317 DES MOINES, IA 50309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SMITH, DAN 604 LOCUST ST STE 317 DES MOINES, IA 50309
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07/12/05-800003-009 \$50.00

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IN THIS SPACE**

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: Daniel C Smith Daniel Smith 5/18/05 5752453869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #