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-	FACING PAGE Brokers and Dealers Pursuant nge Act of 1934 and Rule 17a-5	to Section 17 of the
REPORT FOR THE PERIOD BEGINNING_	01/01/09 AND EN	DING12/31/09
A. REG	SISTRANT IDENTIFICATION	
NAME OF BROKER-DEALER: GONOW	SECURITIES, INC.	OFFICIAL USE ONLY
ADDRESS OF PRINCIPAL PLACE OF BUS	INESS: (Do not use P.O. Box No.)	FIRM I.D. NO.
3580 Wilshire Boulevard, 17th	1 Floor	
Los Angeles	(No. and Street) CA	90010
(City)	(State)	(Zip Code)
NAME AND TELEPHONE NUMBER OF PE Mitch Whitenack, FinOP	RSON TO CONTACT IN REGARD TO 619-449-3746	
		(Area Code – Telephone Number)
B. ACC	OUNTANT IDENTIFICATION	
INDEPENDENT PUBLIC ACCOUNTANT w	hose opinion is contained in this Report	 A state A state A state A state A state A state
Joseph Yafeh, CPA, Inc.	(Name – if individual, state last, first, middle nan	(P)
۰		-,
11300 W. Olympic Blvd., Suite 875 (Address)	Los Angeles CA 90064 (City)	(State) (Zip Code)
CHECK ONE:		
Public Accountant		
	ed States or any of its possessions.	
	FOR OFFICIAL USE ONLY	
	POR OFFICIAL USE UNLY	Å.

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

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OATH OR AFFIRMATION

Mitch Whitenack , swear (or affirm) that, to the best of I, my knowledge and belief the accompanying financial statement and supporting schedules pertaining to the firm of . GoNow Securities, Inc. , 20 09 , are true and correct. I further swear (or affirm) that December 31 of neither the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account classified solely as that of a customer, except as follows: N/A Signature **Financial and Operations Principal** Title Notary Public This report ** contains (check all applicable boxes): (a) Facing Page. (b) Statement of Financial Condition. \boxtimes (c) Statement of Income (Loss). X (d) Statement of Changes in Financial Condition. (e) Statement of Changes in Stockholders' Equity or Partners' or Sole Proprietors' Capital. X (f) Statement of Changes in Liabilities Subordinated to Claims of Creditors. **K** (g) Computation of Net Capital. n/a (h) Computation for Determination of Reserve Requirements Pursuant to Rule 15c3-3. n/a 🔲 (i) Information Relating to the Possession or Control Requirements Under Rule 15c3-3. (j) A Reconciliation, including appropriate explanation of the Computation of Net Capital Under Rule 15c3-1 and the Computation for Determination of the Reserve Requirements Under Exhibit A of Rule 15c3-3. (k) A Reconciliation between the audited and unaudited Statements of Financial Condition with respect to methods of consolidation. (1) An Oath or Affirmation. n/a (m) A copy of the SIPC Supplemental Report. (n) A report describing any material inadequacies found to exist or found to have existed since the date of the previous audit. ** For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

CALIFORNIA JURAT WITH AFFIANT STATEMENT See Attached Document (Notary to cross out lines 1-6 below) □ See Statement Below (Lines 1–5 to be completed only by document signer[s], not Notary) 2 Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any) State of California County of _ SAN DIEGO Subscribed and sworn to (or affirmed) before me on this Date day of <u>MAY</u> _, 20_/으_, by Month (1) MITCHELL WHITENACK Name of Signer proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (,) #1831025 (and $(2)_{}$ Name of Signer proved to me on the basis of satisfactory evidence to be the person who appeared before me.) Signature Public ionature of Notary Place Notary Seal Above OPTIONAL Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent OF SIGNER #1 SIGNER #2 fraudulent removal and reattachment of this form to another document. Top of thumb here Top of thumb here **Further Description of Any Attached Document** MANNUAL AUDITED REPOR Title or Type of Document: _ Number of Pages: ___ Document Date: Signer(s) Other Than Named Above:

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