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SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## ANNUAL AUDITED REPORT FORM X-17A-5 PART III

OMB APPROVAL

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8- 49625

## FACING PAGE

Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.)  4900 Perry Highway  Pittsburgh, Pennsylvania 15229  (City) (State) (Zip Code)  NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT 412/801-4900	REPORT FOR THE PERIOD BEGINNIN	MM/DD		DING Dece	ember 31, 2006 MM/DD/YY
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.)  4900 Perry Highway  Pittsburgh, Pennsylvania 15229  (City) (State) (Zip Code)  NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT John E. Jones 412/801-4900  (Area Code - Telephone Num  B. ACCOUNTANT IDENTIFICATION  INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report*  Lally, Lally & Co. LLC  (Name - if individual, state last, first, middle name)  5700 Corporate Drive, Suite 800 Pittsburgh, Pennsylvania 15237  (Address) (City) (State)  CHECK ONE:  X Certified Public Accountant  Public Accountant  Accountant not resident in United States or any of its possessions.	A. F	REGISTRANT IDE	ENTIFICATION		
Pittsburgh, Pennsylvania 15229  (City) (State) (Zip Code)  NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT 412/801-4900  (Area Code - Telephone Num B. ACCOUNTANT IDENTIFICATION  INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report*  Lally, Lally & Co. LLC  (Name - if individual, state last, first, middle name)  5700 Corporate Drive, Suite 800 Pittsburgh, Pennsylvania 15237  (Address) (City) (State) (Zip Code)  CHECK ONE:  Accountant public Accountant  Public Accountant  Accountant not resident in United States or any of its possessions.	NAME OF BROKER-DEALER: Bill	Few Securiti	es, Inc.	*	OFFICIAL USE ONLY
Pittsburgh, Pennsylvania 15229  (City) (State) (Zip Code)  NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT 412/801-4900  (Area Code - Telephone Number of Pennsylvania 15237  B. ACCOUNTANT IDENTIFICATION  INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report*  Lally, Lally & Co. LLC  (Name - if individual, state last, first, middle name)  5700 Corporate Drive, Suite 800 Pittsburgh, Pennsylvania 15237  (Address) (City) (State)  CHECK ONE:  Accountant public Accountant  Public Accountant  Accountant not resident in United States or any of its possessions.		3USINESS: (Do not u	se P.O. Box No.)		FIRM I.D. NO.
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INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report*  Lally, Lally & Co. LLC  (Name - if individual, state last, first, middle name)  5700 Corporate Drive, Suite 800 Pittsburgh, Pennsylvania 15237  (Address) (City) (State) (Zip Code)  CHECK ONE:  Accountant  Public Accountant  Accountant not resident in United States or any of its possessions.				(Aı	ea Code – Telephone Number
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Carporate Drive, Suite 800 Pittsburgh, Pennsylvania 15237		LC .	1		
CHECK ONE:    In Certified Public Accountant   Check of the public	5700 Corporate Drive,	(Name - if individual, Suite 800	state last, first, middle nam Pittsburgh,	Pennsyl	vania 15237
☐ Public Accountant ☐ Accountant not resident in United States or any of its possessions.  ☐ Accountant not resident in United States or any of its possessions.	(Address)	(City)		(State)	(Zip Code)
☐ Public Accountant ☐ Accountant not resident in United States or any of its possessions.  FEB 2 7 2007  185 85001				RE	CEIVED
Accountant not resident in United States or any of its possessions.		t	,	//	
2 185	☐ Public Accountant		•	/ LER	2 7 2007
FOR OFFICIAL USE ONLY	☐ Accountant not resident in	United States or any of	f its possessions.	The state of the s	185 ÆÜ
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\*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)



## OATH OR AFFIRMATION

I.	John	Ε.	Jones	, swear (or affirm) that, to the best of
my kno:				financial statement and supporting schedules pertaining to the firm of
my kno			. Socurities	Tnc, as
of			31,	20 <b>06</b> , are true and correct. I further swear (or affirm) that
01	the sempe	nu not	any partner propri	etor, principal officer or director has any proprietary interest in any account
			of a customer, excep	
Classiii	ed solely as	s mai c	of a customer, excep	t as 10110 ws.
			•	
				$O(6O_{\odot})$
				fol 1 John
				Signature
				Chief Operating Officer_
				Title
^	Λ		1. 1	•
Ba	rbor	a	K. Dente	COMMONWEALTH OF PENNSYLVANIA
	Not	ary Pu	blic	Notarial Seal Barbara K. Denti, Notary Public
Thin ro	nort ** coi	ntaine	(check all applicable	a hoves City Of Pittsburgh, Allegheny County
	Facing Pa		(CHOCK all application	My Contanisorn Expired Copy 70, 23.10
<b>X</b> (b)	Statemen	t of Fi	nancial Condition.	Member, Pennsylvania Association of Notaries
<b>X</b> (c)	Statemen	t of In	come (Loss).	
<b>X</b> (d)	Statemen	t of Cal	MINERAL STREET	Condition Cash Flows.  lers' Equity or Partners' or Sole Proprietors' Capital.
LXI (€)	Statemen	t of C	hanges in Liabilities	s Subordinated to Claims of Creditors.
X (c	Computa	tion of	Net Capital.	
TI (h)	Computa	tion fo	or Determination of	Reserve Requirements Pursuant to Rule 15c3-3.
☐ (i)	Informat	ion Re	lating to the Posses	sion or Control Requirements Under Rule 15c3-3.
□ (j)	A Recon	ciliatio	on, including approp	priate explanation of the Computation of Net Capital Under Rule 15c3-3 and the the Reserve Requirements Under Exhibit A of Rule 15c3-3.
☐ (k	Computa A Recon	tion IC	on between the audi	ted and unaudited Statements of Financial Condition with respect to methods of
Ed (K	consolid	ation.	on between the true	•••
<b>X</b> (1)	An Oath	or Aff	firmation.	
		.f.tha (	ITDC Cumplemental	Report.
$\begin{bmatrix} \mathbf{X} \end{bmatrix}^{(n)}$	) A report (o) In	descril I <b>dep</b>	bing any material inz endent Audi	adequacies found to exist or found to have existed since the date of the previous audit.  tors' Report on Internal Accounting Control.
**For	conditions	of con	nfidential treatment	of certain portions of this filing, see section 240.17a-5(e)(3).

## BILL FEW SECURITIES, INC. (A Wholly Owned Subsidiary of Bill Few Financial Group, Inc.) STATEMENT OF FINANCIAL CONDITION DECEMBER 31, 2006

A	SS	E	TS

Cash		
Receivable from Related Parties	\$	516,228
Receivable From Clearing Organization	<b>~</b>	2,038
Other Assets		113,009
		1,765
Total Assets		1,703
	\$	633,040
LIABILITIES AND STOCKHOLDER'S EQUITY		
Liabilities		
Accounts Payable and Other Liabilities		
a yable to Related Parties	\$	90,195
Total Liabilities		76,147
		166,342
Stockholder's Equity		
Common Stock - \$.10 Par Value; 1 Million Shares Authorized; 477,500 Shares Issued and Outstanding		
Additional Paid-in Capital		47,750
Retained Earnings	e	53,296
Total Stockholder's Equity		365,652
		466,698
Total Liabilities and Stockholder's Equity		
S. S. Equity	\$	633,040
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