par jang

FORM D BEC'D S.E.C

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## **FORM D**

Q76NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVA	Ľ
OMB Number: 32	35-0076
Expires:	İ
Estimated average but	ırden
hours per response	116.00

SEC USE ONLY					
Prefix		Serial			
D/	TE RECEIV	ED			
	1	1			

Cost (F) 1 1 (Selicition and and and appeared and indicate change )	
Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  10% Secured Convertible Promissory Note - Amendment Relates to the Increase in the Age	gregate Offering Price (Part C)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing  Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (   check if this is an amendment and name has changed, and indicate change.)	
MYSHAPE, INC.	06061094
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2400 North Lincoln Avenue, Altadena, CA 91001	626-296-6286
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)  RECD S.E.C.
Dailed Description of Propings	RECUBREC
Brief Description of Business online apparel retail	May 03 2006
Type of Business Organization	
✓ corporation ☐ limited partnership, already formed ☐ other (p ☐ business trust ☐ limited partnership, to be formed	PROCESSED
Month Year '	
Actual or Estimated Date of Incorporation or Organization: 0 6 7 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	nated <b>NOV. 1 7 2006</b>
CN for Canada; FN for other foreign jurisdiction)	GE THOMSUN
GENERAL INSTRUCTIONS	FINANCIAL
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (77d(6)).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	. A notice is deemed filed with the U.S. Securities elow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	rt the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for subJOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal examples appropriate federal notice will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption unle	xemption. Conversely, failure to file the

filing of a federal notice.

Field Avilla	rein <b>u</b> ri	Ç.	<b>14.</b> 5 9 9	en û	APP-1-12 (2017)	ENTI	FIGATION DATA	j.	医成叶槽	aper i		
	the information i				ig: as been organized w	ithin 1	the past five years:					
	-							of. 10	% or more o	f a clas	s of equity securities	 of the issuer
							rate general and man					İ
	Each general and						<b>G</b>	0 -		•		:
				<u>.</u>	<u> </u>		Puranting Officer		Director		General and/or	<del></del>
Check Box(	(es) that Apply:	Ц	Promoter	Ц	Beneficial Owner	Ц	Executive Officer		Director		Managing Partner	<u> </u>
Full Name (	(Last name first,	if indi	vidual)					-	•			
Business or	Residence Addi	ess (	(Number and	Stree	t, City, State, Zip Co	ode)	<del></del>					İ
												1
Check Box(	(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (	(Last name first,	if indi	iviđual)									1
												i .
Business or	Residence Addi	ess (	(Number and	Street	t, City, State, Zip Co	ode)						
Check Box(	(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (	(Last name first,	if indi	ividual)		<u> </u>		<del></del>				<del></del>	<u> </u>
	(,		,,,,,,									i
Business or	Residence Addi	ess (	Number and	Street	t, City, State, Zip Co	ode)				••		
Check Box	(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	!
Full Name (	(Last name first,	if indi	ividual)									1
												1
Business or	Residence Addi	ess (	(Number and	Street	t, City, State, Zip Co	ode)						1
Check Box(	(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (	(Last name first,	if indi	ividual)								· · · · · · · · · · · · · · · · · · ·	
					0: 0: 0: 0							<u> </u>
Business or	Residence Addi	ess (	Number and	Street	t, City, State, Zip Co	ode)						1
Check Box(	(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	. 🗆	Director		General and/or Managing Partner	
Full Name (	(Last name first,	if indi	vidual)									<u> </u>   
Business or	Residence Addi	ess (	Number and	Street	t, City, State, Zip Co	ode)					<del></del>	
Check Box(	(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (	(Last name first,	if indi	vidual)									<u> </u> 
Business or	Residence Add	ess (	Number and	Street	, City, State, Zip Co	ode)						<u>1</u> [
25 31	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	`	, <b></b>		• · · • · • · · •	•						}
			(Use bla	nk she	eet, or copy and use	additi	onal copies of this sl	heet, a	is necessary	·)		i

<u> </u>	4			В. П	NFORMAT	ION ABOU	T OFFERI	NG			-	-
							Yes	No E				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?								\$				
2. What is	the minim	um investii	ieni inai w	ili be acce	pteu mom a	any morvio			••••••	•••••	Yes	No
3. Does th	e offering	permit join	t ownershi	p of a sing	le unit?					•••••		
4. Enter the	ne informat	ion request	ed for eac	h person w	ho has bee	en or will b	e paid or s	given, dire	ctly or ind	irectly, any		
commis If a pers	ssion or sim son to be lis	ilar remune ted is an ass	ration for s sociated ne	olicitation rson or age	of purchase int of a brok	ers in conn cer or deale	ection with r registered	sales of sec I with the S	EUTITIES IN T EC and/or	he offering. with a state		Ì
or state	s, list the na	me of the b	roker or de	ealer. If mo	re than five	e (5) persoi	ns to be list	ed are asso	ciated pers	ons of such		
a broke Full Name (	r or dealer,			e informati	on for that	broker or	dealer only	<del>'.</del>		<del></del>		
ruii Name (	Last name	tirst, it ind	ividuai)									l l
Business or	Residence	Address (N	umber and	l Street, Ci	ity, State, 7	Lip Code)		· <del></del>				İ
	i .				·							
Name of As	sociated Br	oker or De	alcr									
States in W	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			<del></del>			<u> </u>
	"All States										☐ All	l States
												hits)
[AL]	AK IN	AZ IA	[AR] [KS]	CA KY	[CO]	CT ME	DE MD	[DC] [MA]	FL MI	GA MN	HI MS	MO
MT	NE .	NV	NH	NJ	NM	NY	NC	ND	OH	ŌK.	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
	<u> </u>	<u> </u>						•		_		<u>                                     </u>
Full Name (	Last name	first, if ind	ividual)									İ
Business or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
												,
Name of As	sociated Br	oker or De	aier									}
States in Wi										<u> </u>		
(Check	"All States	or check	individual	States)				,				l States
	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	  ID
AL IL		IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	ÜT	VT	VA	WA	WV	WI	WY]	(PR)
Full Name (	Last name	first, if ind	ividual)									
												<u> </u>
Business or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of As	Name of Associated Broker or Dealer											
01710	Name of Associated Broker of Beater								l 			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								]				
(Check "All States" or check individual States)							☐ Al	l States				
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN '	IA	KS	KY	LA	ME	ΜD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC VA	ND WA	OH WW	OK WI	OR IWV	PA PP
RI	SC.	SD	TN	TX	ÜT	$\overline{VT}$	VA	WA	$\overline{\mathbf{W}}$	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, che	ck	
	this box and indicate in the columns below the amounts of the securities offered for exchange a	nd	
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	s
	Equity		<b>1</b>
	Equity	<u>Ψ</u>	
	Convertible Securities (including warrants)	s 912,500.00	912,500.00
	Convertible Securities (including warrants)	···· •	
	Partnership Interests		
	Other (Specify)	3 <u>912 500 00</u>	\$ 912,50,0.00
	Total	\$	- \$ 912,30,0.00
	Answer also in Appendix, Column 3, if filing under ULOE.	•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicated the control of th	ate	
	the number of persons who have purchased securities and the aggregate dollar amount of th purchases on the total lines. Enter "0" if answer is "none" or "zero."	en	ļ
	purchases on the total lines. Eliter of the allower is the second of the		Aggregate
		Number Investors	Dollar Amount of Purchases
			s 912,500.00
	Accredited Investors		s
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securit sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question 1	the	
		Type of	   Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	n/a '	s
	Regulation A		\$
	Rule 504		\$
	Total .*		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insur The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	er.	
	Transfer Agent's Fees		յ <b>si</b>
	Printing and Engraving Costs		
	Legal Fees		10,000.00
	Accounting Fees	_	
	Engineering Fees		] \$
			J *
	Sales Commissions (specify finders' fees separately)	_	3,000.00
	Other Expenses (identify) blue sky filings; travel	<del>-</del>	3 0,000.00 3 13,000.00
	Total		3 10,000.00

G. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRI	ICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEDS	
and total expenses furnished in response to	egate offering price given in response to Part C — Que Part C — Question 4.a. This difference is the "adjuste	ed gross	\$
each of the purposes shown. If the amo	d gross proceed to the issuer used or proposed to be to ount for any purpose is not known, furnish an estim The total of the payments listed must equal the adjuste hise to Part C — Question 4.b above.	ate and	1
•		Payments to	
		Officers, Directors, &	Payments to
	·	Affiliates	Others
		_	
I .	· C		_ U* <del></del>
Purchase, rental or leasing and installati			_ r <u></u>
• •	gs and facilities		40 000 00
Acquisition of other businesses (including offering that may be used in exchange for	ng the value of securities involved in this		
• •			
		U *	
<del> </del>		 	□\$
			\$899,500.00
•			_ ,
Total Payments Listed (column totals ad	dded)	\_ \$ <u>-</u> 8	99,500.00
	D. FEDERAL SIGNATURE	The second	
signature constitutes an undertaking by the is:	ned by the undersigned duly authorized person. If the suer to furnish to the U.S. Securities and Exchange by non-accredited investor pursuant to paragraph (b)	Commission, upon writt )(2) of Rule 502.	ule 505, the following en request of its staff
Issuer (Print or Type)	Signature	Date	
MYSHAPE, INC.	outo the	October 22, 20	06
Name of Signer (Print or Type)	Title of Signer (Print or Type)		ł
LOUISE J. WANNIER	CEO		1
•			
b			ļ
•			
			Ì
			ţ
<u> </u>	ATTENTION —		
Intentional misstatements or or	missions of fact constitute federal criminal vio	olations. (See 18 U.S	.C. 1001.)

. . . . . . . . . . . .