MAR 0 1 2007 UNIF

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

FORM D

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

OMB APPROVAL

OMB Number 3235-0076 Expires: 3235-0076 May 31, 2005

Expires: N
Estimated averas



Name of Offering (check if this is an amendment and name has changed, and indicate change.) February 2007 financing 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.) NewTree America, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 508 San Anselmo Ave #12, San Anselmo, CA 94960 415-785-1185 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Exclusive distributor of NewTree Belgian chocolate

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			ı,	HOOFOOL
Type of Business Organiza corporation business trust	ation limited partnership, already formed limited partnership, to be formed	other (please speci	ifv) B	MAR 0 8 2007
	of Incorporation or Organization: Month 04 on or Organization: (Enter two-letter U.S. Postal Service)	Year 2005		THOMSON FINANCIAL
OF MEDIAL COLUMN	CN for Canada; FN for other fo	reign jurisdiction)	CA	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

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 sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDEN	TIFICATION DATA							
2. Enter the information re-	quested for the fo	ollowing:								
• Each promoter of the issuer, if the issuer has been organized within the past five years;										
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
Each general and managing partner of partnership issuers.										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, Louis Brouillet	if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code) 508 San Anselmo Ave #12, San Anselmo, CA 94960										
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, James Stafford	if individual)									
Business or Residence Addr 150 De Haro St., San Fra			ode)		,					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, NewTree, S.A.	if individual)									
Business or Residence Addr Boulevard du Souverair			ode)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name first, Benoit de Bruyn	if individual)									
Business or Residence Addr Boulevard du Souverair			ode)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name first, Benjamin Greenspan	if individual)									
Business or Residence Addr 620 Laguna Road, Mill V			ode)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director □	General and/or Managing Partner					
Full Name (Last name first, GUILLAUME DE WALQU										
Business or Residence Addr Boulevard du Souverain			ode)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Addr	·									
	(Use blank	sheet, or conv and use ad	ditional copies of this sheet	as necessary.)						

neet, or copy and use additional copies of this sneet, as necessary.

•				В.	INFORMA	ATION A	BOUT OF	FERING					_
1. Has t	he issuer se	old, or does	s the issuer						ıg?			Yes	No ⊠
			Ansv	wer also in	Appendix,	Column 2,	if filing u	nder ULOE					
2. What	is the mini	mum inves	tment that v		• •		_				\$_		0
3. Does	the offerin	ig permit jo	oint ownersh	nip of a sin	gle unit?							′es □	No ⊠
comn If a p state	nission or : person to b or states, I	similar remote listed is is is	uested for of nuneration for an associated the of the brown you may se	or solicitat ed person o oker or dea	ion of purch or agent of a ler. If mor	nasers in co a broker o e than five	onnection r r dealer re c (5) pers	with sales o gistered wit ons to be li	f securities th the SEC	in the officiand / or v	ering. vith a		
Full Name	(Last nam	e first, if in	ndividual)						<u> </u>				_
Business o	or Residenc	e Address	(Number an	id Street, C	ity, State, Z	Lip Code)				•	-		
Name of A	Associated	Broker or [Dealer								-	-	
			las Solicited							•	-		
		s" or check	k individual	States)							🗌 All	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	{ IE)]
[[L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[Mi]	[MN]	[MS]	{Me	•
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	•
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	.]
Full Name	(Last nam	e first, if in	dividual)										
Business o	r Residenc	e Address	(Number an	d Street, C	ity, State, Z	ip Code)							-
Name of A	ssociated l	Broker or [
States in W	hich Perso	on Listed H	las Solicited	or Intends	to Solicit F	urchasers							
(Check	"All State	s" or check	c individual	States)							. 🔲 All	States	
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	
Full Name	(Last name	e first, if in	dividual)										
Business o	r Residence	e Address (Number an	d Street, C	ity, State, Z	ip Code)							
Name of A	ssociated I	Broker or D	ealer										
States in W	hich Perso	n Listed H	as Solicited	or Intends	to Solicit P	urchasers							
(Check	"All State:	s" or check	individual	States)							. 🗌 AII	States	
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA	•
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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

3 of 8

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security 300000 300000 □ Common ☐ Preferred Convertible Securities (including warrants)........... \$ \$ \$ Other (Specify 300000 \$ 300000 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 this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases 2 300000 \$ 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 securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold \$ 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. \$ \boxtimes \$ 3500 \$ \$ П Sales commissions (specify finders' fees separately)........ \$ Other Expenses (identify) \$

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

3500

<u>MBER OF INVESTORS, EXPENSES AN</u>	D USE OF	PROCEEDS		
onse to Part C - Question 4.a. This differen	ence is		\$	295,000
or any purpose is not known, furnish an es The total of the payments listed must equ	stimate			
	(Di	Officers, rectors, &	-	rments To Others
	□ <u>\$</u>] _\$	
	□ <u></u> \$		_ \$	
achinery and equipment	□ <u>\$</u>] <u>\$</u>	
cilities	□ <u>\$</u>] <u>\$</u>	
sets or securities of another issuer		-		
		L	J <u>\$</u>	
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	□ <u>\$</u>	D	3 _\$	295,000
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	□ <u></u> \$	c	\$	
	□ <u>\$</u>]	
		□ \$ <u>295,</u> 0	000	
D. FEDERAL SIGNATURE				
issuer to furnish to the U.S. Securities and	Exchange 0	Commission, u	on writ	
Signature		Date		
AT 1		2/27/07		
Title of Signer (Print or Type)				
Counsel				
	proceeds to the issuer used or proposed to be or any purpose is not known, furnish an est The total of the payments listed must equesponse to Part C - Question 4.b above. The total of the payments listed must equesponse to Part C - Question 4.b above. The total of the payments listed must equesponse to Part C - Question 4.b above. D. FEDERAL SIGNATURE by the undersigned duly authorized person issuer to furnish to the U-S. Securities and any non-accredited investor pursuant to particular of the payments of the payment	e offering price given in response to Part Conse to Part C	proceeds to the issuer used or proposed to be used for any purpose is not known, furnish an estimate. The total of the payments listed must equal the response to Part C - Question 4.b above. Payments to Officers, Directors, & Affiliates \$ \$	e offering price given in response to Part C - onse to Part C - Question 4.a. This difference is proceeds to the issuer used or proposed to be used or any purpose is not known, furnish an estimate The total of the payments listed must equal the response to Part C - Question 4.b above. Payments to Officers, Payments to Officers, Directors, & Affiliates Payments to Officers, Directors, & Payments to Officers, Directors, & Affiliates S S S S S S S S S S S S S S S S S S S

--- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE									
1. Is any party described in 17 CFR 230.2 of such rule?										
	See Appendix, Column 5, for state response.									
2. The undersigned issuer hereby underta D (17 CFR 239.500) at such times as r	kes to furnish to any state administrator of any state in vequired by state law.	which this notice is filed, a notice on Form								
The undersigned issuer hereby underta to offerees.	kes to furnish to the state administrators, upon written re	equest, information furnished by the issuer								
Limited Offering Exemption (ULOE)	at the issuer is familiar with the conditions that must lof the state in which this notice is filed and understands ishing that these conditions have been satisfied.									
The issuer has read this notification and undersigned duly authorized person:	knows the contents to be true and has duly caused th	is notice to be signed on its behalf by the								
Issuer (Print or Type)	Signature	Date								
NewTree America, Inc.		2/27/07								
Name of Signer (Print or Type)	Title of Signer (Print or Type)	-								

Counsel

Instruction:

Benjamin Greenspan

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			ification		
			Type of security						Disqualification under State ULOE (if yes, attach		
		l to sell	and aggregate		Type of investor and						
		ccredited s in State	offering price offered in State			investor and irchased in State		explanation of waiver granted)			
		-Item 1)	(Part C-Item1)			C-Item 2)		(Part E-Item 1)			
				Number of		Number of					
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No		
				Investors		III CSCO15					
AL											
AK											
AZ											
AR			Comon Stock								
CA		x	\$1.50 per share	1	150,000				x		
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APPENDIX

1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
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