UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D
NOTICE OF SALE OF SECURITIES

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden hours per form......1

| SEC USE ONLY | | | | | | |
|---------------|---------|--|--|--|--|--|
| Prefix Serial | | | | | | |
| | | | | | | |
| DATE R | ECEIVED | | | | | |
| | | | | | | |

| Name of Offering (check if this is an | amendment and name has changed. | and indicate change.) | | | |
|---|--|-------------------------|---------------------|-------------------------|-------------|
| Common Stock Offering | | 5 / | | | |
| Filing Under (Check box(es) that apply): | ⊠ Rule 504 | ☐ Rule 505 | ☐ Rule 506 | ☐ Section 4(6) | ☐ ULOE |
| Type of Filing: | X | New Filing | | Amendment | |
| | A. BASIC I | DENTIFICATION I | DATA | | |
| 1. Enter the information requested abo | out the issuer | | | | |
| Name of Issuer (check if this is an arr | nendment and name has changed, an | d indicate change.) | | | |
| GolfingMyWay, Inc. | | | ··- | | |
| Address of Executive Offices | (Number and Street | , City, State, Zip Code | e) Telephone Number | er (Including Area Code |) |
| 136 Peter Coutts Circle, Stanford, CA 94 | | <u></u> | (650)380-6037 | | |
| Address of Principal Business Operation (if different from Executive Offices) | s (Number and Street, City, State, Z | ip Code) | · | er (Including Area Code | |
| Same as above | | | Same as above | | |
| Brief Description of Business Internet social network for golfers. | | P | INCESSED |) | |
| Type of Business Organization | | A | UG 1 4 2007 | | |
| ☒ corporation | ☐ limited partnership, already for | ormed 7 | 110- | □ other (please specify | y): |
| ☐ business trust | ☐ limited partnership, to be form | ned U | MOINSON | | |
| Actual or Estimated Date of Incorporation | on or Organization: | Month 06 | O7 | | |
| | of the transfer of the Description | al Camilan abbrariation | o for State: | ☑ Actual [| ☐ Estimated |
| Jurisdiction of Incorporation or Organiza | etion: (Enter two-letter U.S. Posta CN for Canada; FN for oth | | | ſ | DE |

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 filewith 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.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- 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 vot 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 Dox(es) that Apply: | Promoter | ⊠ Beneficial Owner | ☒ Executive Officer | ☑ Director | General and/or Managing Partner | | | | | |
|--|--|---|----------------------------|------------|--------------------------------------|--|--|--|--|--|
| Full Name (Last name first, if individual) Robinson, John | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 136 Peter Coutts Circle, Stanford, CA 94305 | | | | | | | | | | |
| Check Dy Box(es) that Apply: | Promoter | ⊠ Beneficial Owner | ☑ Executive Officer | ☑ Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | |
| Rasmussen, Scott | A.D (A)b | City State 21 Co. La | | | | | | | | |
| | e Address (Number and S , Bainbridge Island, WA | street, City, State, Zip Code) 98110 | | | | | | | | |
| | Promoter | ⊠ Beneficial Owner | Executive Officer | ☑ Director | ☐ General and/or Managing Partner | | | | | |
| Full Name (Last name Horton, Jake | first, if individual) | | · · · · · | | | | | | | |
| Business or Residence | e Address (Number and S Prive, Tualatin, OR 97062 | treet, City, State, Zip Code) | | | | | | | | |
| Check Boxes that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner | | | | | |
| Full Name (Last name | e first, if individual) | <u> </u> | | | | | | | | |
| Business or Residence | e Address (Number and S | treet, City, State, Zip Code) | · - | | | | | | | |
| Check Boxes that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner | | | | | |
| Full Name (Last name | first, if individual) | | | | | | | | | |
| Business or Residence | e Address (Number and S | Street, City, State, Zip Code) | | | | | | | | |
| Check Boxes that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner | | | | | |
| Full Name (Last name | first, if individual) | | | | | | | | | |
| Business or Residence | e Address (Number and S | treet, City, State, Zip Code) | | | | | | | | |
| Check Boxes that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner | | | | | |
| Full Name (Last name | e first, if individual) | | | • | | | | | | |
| Business or Residence | e Address (Number and S | trect, City, State, Zip Code) | | | | | | | | |
| Check Sox(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner | | | | | |
| Full Name (Last name | first, if individual) | | | | | | | | | |
| Business or Residence | e Address (Number and | Street, City, State, Zip Code) | | | | | | | | |

| 1. | Has the is | suer sold, or | does the issu | er intend to | | | | _ | ? g under ULO! | 3. | | Yes <u>X</u> No _ | |
|--|---------------------------|----------------|-------------------------------|------------------------------|--------------------------------|---|---|--------------|-------------------|---|--------------|---|---|
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | \$ <u>240.00</u> | 2 | | |
| Does the offering permit joint ownership of a single unit? | | | | | | | | | | Yes X No_ | | | |
| 4. | solicitatio registered | n of purchas | ers in conne C and/or with | ction with s a state or s | sales of sec tates, list th | curities in the ne name of the | ie offering. he broker or | If a person | to be listed | is an associate | ed person or | agent of a l | emuneration for proker or dealer ersons of such a |
| Full | Name (La | st name first, | if individual |) | | | | <u></u> | | | | | |
| N/A | | | | | | | | | | | | | |
| Bus | iness or Re | sidence Addı | ress (Number | and Street, | City, State | , Zip Code) | | | | - | | · | |
| | | iated Broker | | | | | | | | | | | |
| | | h Person List | | | | | | | | | | | |
| (CII | | ates" or chec | [AZ] | [AR] | [CA] | [CO] | [CT] | (DE) | [DC] | [FL] | [GA] | [HI] | [ID] |
| IILI | - | IN | [AZ] | [KS] | [KY] | [LA] | [ME] | [MĐ] | [MA] | [MI] | [MN] | [MS] | [MO] |
| IM] | | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | (MI) | JOK] | IORI | [PA] |
| IRII | - | ISCI | ISDI | [TN] | [TX] | ייטן עדטן | IVTI | [VA] | [VA] | įv., įwvį | [WI] | [WY] | [PR] |
| | | st name first, | | | 11,11, | [0.] | | 1,,,, | 1, | 1 | 1 | 1 | () |
| N/A | • | • | | , | | | | | | | | | |
| Bus | iness or Re | sidence Add | ress (Number | and Street, | City, State | , Zip Code) | | | | , | | | |
| Nan | nc of Assoc | iated Broker | or Dealer | | | | | | | | | | <u> </u> |
| Stat | tes in Whic | h Person List | ed Has Solic | ited or Inter | ds to Solic | it Purchaser | s | | | | | | |
| (Ch | eck "All St | ates" or chec | k individual | States) | | ••••• | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | All States |
| [AI. | -] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HII] | [ID] |
| [IL] | | [IN] | [IA] | ĮKSĮ | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [M] | Γį | [NE] | [NV] | ĺΝΗΙ | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | | [SC] | [SD] | [TN] | [TX] | נדטן | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |
| | • | st name first, | if individual |) | | | | | | | | | |
| N/A | | sidence Addi | ress (Number | and Street | City State | Zin Code) | | | | <u> </u> | | | |
| Dus | | sidelice radi | icas (italiibe) | ale Bileer, | City, State | , 2.ip code) | | | | | | | |
| Nar | ne of Assoc | ciated Broker | or Dealer | · · · · · · | | | | | | | | | |
| Stat | tes in Whic | h Person List | ed Has Solic | ited or Inter | ds to Solic | it Purchaser | <u> </u> | | | | , | | |
| (Ch | eck "All St | ates" or chec | k individual | States) | | *************************************** | *************************************** | | | | ••••• | *************************************** | All States |
| [AI | .] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| (IL) | | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| ſΜΊ | rj | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | l | [SC] | [SD] | [TN] | [XT] | [UT] | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |

B. INFORMATION ABOUT OFFERING

| transaction is an exchange offering, check this box □ and indicate in the col Type of Security | Aggregate | Amount Already |
|---|---|------------------|
| Type of Security | Offering Price | Sold |
| Debt | | \$ 0 |
| Equity | | \$ 750.00 |
| | eferred | 170.00 |
| Convertible Securities (including warrants) | | \$ 0 |
| Partnership Interests | | \$ 0 |
| Other (Specify) | \$0 | \$ 0 |
| Total | | \$ 750.00 |
| Answer also in Appendix, Column 3, if filing under ULOE. | | \$ <u>150.00</u> |
| Enter the number of accredited and non-accredited investors who have pu offering and the aggregate dollar amounts of their purchases. For offerings the number of persons who have purchased securities and the aggregar purchases on the total lines. Enter "0" if answer is "none" or "zero." | s under Rule 504, indicate te dollar amount of their | |
| | Number | Aggregate |
| | Investors | Dollar Amount |
| | • | of Purchases |
| Accredited Investors | | \$ 0 |
| Non-accredited Investors | | \$ 750.00 |
| Total (for filings under Rule 504 only) | | \$ <u>750.00</u> |
| Answer also in Appendix, Column 4, if filing under ULOE. | | |
| If this filing is for an offering under Rule 504 or 505, enter the information sold by the issuer, to date, in offerings of the types indicated, in the twelve (sale of securities in this offering. Classify securities by type listed in Part C- | 12) months prior to the first | |
| | Type of | Dollar Amount |
| | Security | Sold |
| Type of Offering | | |
| Rule 505 | <u>0</u> | \$ <u>0</u> |
| Regulation A | <u>0</u> | \$ <u>0</u> |
| Rule 504 | <u>Common</u> | \$ <u>750.00</u> |
| Total | <u>Common</u> | \$ 750.00 |
| 4. a. Furnish a statement of all expenses in connection with the issuanc securities in this offering. Exclude amounts relating solely to organization e information may be given as subject to future contingencies. If the amoun known, furnish an estimate and check the box to the left of the estimate. | expenses of the issuer. The | |
| Transfer Agent's Fees | | \$ |
| Printing and Engraving Costs | | \$ |
| Legal Fees | | |
| Accounting Fees | | |
| Engineering Fees | | s |
| Sales Commissions (specify finders' fees separately) | | \$ |
| Other Expenses (Identify) | | |

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

Total.....

X

\$ <u>0</u>

| C. OFFERING PRICE, NUMBER OF IN | VESTORS, EXPENSES AND USE OF PROCEEDS | e t ^{er} t to get |
|--|---|--|
| Enter the difference between the aggregate offering price given in response to Part C – Question 4.a. This difference is the "adjusted" | ponse to Part C - Question 1 and total expenses furnished gross proceeds to the issuer" | \$750.00 |
| Indicate below the amount of the adjusted gross proceeds to the issuer use If the amount for any purpose is not known, furnish an estimate and ch payments listed must equal the adjusted gross proceeds to the issuer set for | eck the box to the left of the estimate. The total of the orth in response to Part C- Question 4.b above. | e |
| | Payment to Officers, Directors, & Affiliates | Payment To Others |
| Salaries and fees. | | _ 🗆 \$ |
| Purchase of real estate | | |
| Purchase, rental or leasing and installation of machinery and equipment | □ s | |
| Construction or leasing of plant buildings and facilities | | |
| Acquisition of other businesses (including the value of securities involved in the in exchange for the assets or securities of another issuer pursuant to a merger) | his offering that may be used | _ |
| Repayment of indebtedness | | _ 🗆 s |
| Working capital | | ≤ \$750.00 |
| Other (specify): | □ s | □ s |
| | | |
| Column Totals | | |
| Total Payments Listed (column totals added) | | 00 |
| · | | |
| | | |
| | | |
| D. FEDE | RAL SIGNATURE | |
| The issuer had duly caused this notice to be signed by the undersigned duly au an undertaking by the issuer to furnish to the U.S. Securities and Exchange Co non-accredited investor pursuant to paragraph (b)(2) of Rule 502. | othorized person. If this notice is filed under Rule 505, the symmission, upon written request of its staff, the informat | ne following signature constitution furnished by the issuer to a |
| | Signature | Date |
| GolfingMyWay, Inc. | John p | July <u>Z 1</u> , 2007 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | |
| John Robinson | President | |

ATTENTION

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

John Robinson