SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

160

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

Expires: April 30, 2008 Estimated average burden hours per response ... 16

SEC USE ONLY
Prefix Serial

Date Received

Name of Offering ([) check if this is an ame	endment and name has changed, and indicate change.)	
Wako Logistics Group, Inc. Co	ommon Stock Offering	
	Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE	
Type of Filing: [X] New Filing [] Amend	ment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the	eissuer	1 12 1 H
Name of towar / Labork if this is an amount	dment and name has changed, and indicate change.)	07075386
	• • • • • • • • • • • • • • • • • • • •	-
Wako Logistics Group, Inc. (the Address of Executive Offices		
Address of Executive Offices	(Number and Street, City, State, Zip Code	Telephone Number (Including Area Code)
200 howard Ave, Suite 232, Des Pla	aines, Illinois 60018	(847) 294-1600
		(047) 234-1000
Address of Principal Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		PROCESSED
Provider of wireless location products an	d services	3 B () C C C C C C C C C C C C C C C C C C
[X] corporation [] limited partners	nip, already formed [] other -	AUG 2 4 2007
[] business trust [] limited partnershi	• •	MOU E 1 2001
	Month Year	THOMSON
Actual or Estimated Date of Incorporation or	Organization: Dec 2003 [X] Actual [] Estimated	FINANCIAL
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation for State:	~ 1 to 0 0 0 to
	N for Canada; FN for other foreign jurisdiction) [DIE]	
GENERAL INSTRUCTIONS		
Federal		
	ng of securities in reliance on an exemption under Regulation D or Sec	ction 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
77d(6).		
When to File: A notice must be filed as lat-	or than 15 days after the first cale of equiviting in the effection. A iii	on in deemed Stad with the LLC Consider and
	er than 15 days after the first sale of securities in the offering. A notion of the date it is received by the SEC at the address given below o	
enditaring of the control (electron the control	of the date it is received by the date at the address given below t	i, il lecelaco at tibt accidas bital tila data cil

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

which it is due, on the date it was mailed by United States registered or certified mail to that address.

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.

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 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 [X] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual)
Koontz, David
Business or Residence Address (Number and Street, City, State, Zip Code)
200 Howard Ave., Suite 232, Des Plaines, Illinois 60018
Check Box(es) that Apply: [] Fromoter [] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partne
Pull Name (Last name first, if individual)
Wood, Christopher
Business or Residence Address (Number and Street, City, State, Zip Code)
200 Howard Ave., Suite 232, Des Plaines, Illinois 60018 Check Box(es) that Apply: [] Fromoter [] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partne
Full Name (Last name first, if individual)
Picchietti, Remo
Business or Residence Address (Number and Street, City, State, Zip Code)
200 Howard Ave., Suite 232, Des Plaines, Illinois 60018
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 Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Pull Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
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 Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] Ganeral and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Pull Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

1.Hae t	he iesu	er sold	, or doe										ringr [1 x	es (X) se
Associated Broker of Common Stock in an exchange offering. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [All [AN] [AN] [AN] [AN] [CN] [CN] [CO] [CT] [DN] [DN] [CN] [CN] [CN] [CN] [CN] [CN] [CN] [C	N/A													
3.Does	the off	ering p	ermit jo	int own	rship o	f a sing	le unit	?					[X] Ye	98 [] No
any o the s the S be li	commissi offering SEC and/ lsted ar	on or s . If a or with e assoc	imilar : person a state	remunera to be 1 or sta	tion for isted in tes, lis	solici s an ass t the n	tation o lociated ame of t	f purche person he broke	sers in or agent or or de	connect t of a h aler. I	ion with roker of f more	h sales r dealer than fiv	of securities i registered wit e (5) persons t	n :h :o
• The 1	lssuer i	s issui:	ng share	s of cor	mmon sto	ck in an	exchang	ge offer:	ing,					
Full I	Name (Last n	ame fi	rst, i	f indi	vidual)	r						
Busine	ess or	Resid	ence A	ddress	(Numb	er and	Street	., City	, Stat	e, Zip	Code)			
Name o	of Ass	ociate	d Brok	er or	Dealer				··			<u> </u>	·	
State	s in W	hich P	erson	Listed	Has So	olicit	ed or 1	Intends	to Sc	licit	Purcha	sers	····	
(Chec	k "Al	l Stat	es" or	check	indiv	idual s	States)						[] All	States
1	[AL]	[AK]			[CA]	[CO]	[CT]				[GA]			
							I I	7 - 1						
								-		•			<u> </u>	
Full N	Vame (1	Last n	ame fi	rst, i	f indiv	vidual)	· · · ·			· <u> </u>				·····
Busine	ess or	Resid	ence A	ddress	(Numbe	er and	Street	, City	, Stat	e, Zip	Code)	···		
о етьи	of Asso		d Brok	er or I	caler									<u></u>
States	in W	nich P	erson	Listed	Has Sc	olicite	d or I	ntends	to So	licit	Purcha	sers	····	
(Check	"A11	State	s" or	check :	individ	iual St	ates).					<i>.</i>	[] All	States
1	[AL]	[AK]	[AZ]		[CA]	[CO]	[CT]	[DE]	(DC)	[FL]	[GA]	[HI]	[ID]	
		- T						-						
	-						-	•	_			_		
Full N	lame (I	ast na	ume fi	rst, if	indiv	idual)								
Busine	ss or	Reside	nce A	idress	(Numbe	er and	Street	, City	, Stat	e, Zip	Code)			
Name o	f Asso	ciated	Broke	er or D	ealer								······································	
States	in Wh	ich Pe	erson I	Listed	Has So	licite	d or I	ntends	to So	licit 1	Purcha	Bers		<u></u>
(Check	"All	States	or o	check i	ndivid	ual St	ates)						[] All S	States
	AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	(CT)	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]	
ſ	IL]	[IN]	(IA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	(MO)	
_	MT) RI]	(NE) [SC]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	[NM] [UT]	[NY]	[NC]	[ND]	[OH]	(OK)	[OR]	[PA]	
L.	1	1001	[F 774]	1-41	[01]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

B. INFORMATION ABOUT OFFERING

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

	if answer is "none" or "zero." If the transaction is an exchange offering, check this box [X] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate	Amount Already
	ipe of bocarty	Offering Price	
	Debt	\$	\$
	Equity	\$ 7,172,520	\$ 4,710,014
	[x] Common [] Preferred		
	Convertible Securities	\$	_\$
	Partnership Interests	\$	\$
	Other (_Units_)	\$	\$
	Total*	\$_7,172,520	\$ 4,710,014
	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."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-Accredited Investors		\$
	Total (for filings under Rule 504 only		\$
	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 Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
.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.		
	Transfer Agent's Fees	[]\$	
	Printing and Engraving Costs	[]\$	
	Legal Fees	(x) \$ <u>50</u>	
	Accounting Fees	[]\$	
	Engineering Fees Potential Sales Commission (13%)	[]\$	
	of broker-dealers, if used	[]\$	
	Other Expenses (identify) Non-accountable (including Legal) Expenses, Blue Sky Filing Fees	[]\$	
	Total	(x) \$ <u>50</u>	.000

^{*}Pursuant to the terms and conditions of a Membership Interest Purchase Agreement, dated as of July 31, 2007 by and among Issuer, Remo Picchietti, Mary Picchietti (the "Sellers"), and World Commerce Services, LLC ("WC"), Issuer acquired all of the outstanding membership interests of WC from Sellers for an aggregate of 7,172,520 shares of common stock, 4,710,014 of which were issued at closing on July 31, 2007. The remaining 2,462,506 shares will be issued to Sellers only if WC achieves certain earnings targets.

	C. OFPERING PRICE, NUMBER	R OF INVESTORS, EXPENSES AND USE	OF PRO	CREDS	
	b. Enter the difference between the aggre response to Part C - Question 1 and total ex to Part C - Question 4.a. This difference i proceeds to the issuer.	openses furnished in response s the "adjusted gross			\$
5.	Indicate below the amount of the adjusted used or proposed to be used for each of amount for any purpose is not known, furnis box to the left of the estimate. The total equal the adjusted gross proceeds to the isspart C - Question 4.b above.	the purposes shown. If the sh an estimate and check the of the payments listed must			
				Payments to Officers Directors & Affiliates	Payments to Others
	Salaries and fees		U	\$[] S
	Purchase of real estate		11	\$[] \$
	Purchase, rental or leasing and installation of machinery and	equipment	1 }	S{	} s
	Construction or leasing of plant buildings and facilities	••••••••••••••••••••••••••••••••••••	[]	\$	S
	Acquisition of other businesses	***************************************	[]	\$[] S
	Repayment of indebtedness		[]	\$[) \$
	Working Capital		[]	S {] \$
	Other ()		[]	s] S
	Column Totals		[]	\$[] \$
	Total Payments Listed (column totals added)			(\$	
	D. FE	· · · · · · · · · · · · · · · · · · ·			
an under	r has duly caused this notice to be signed by the undersigned dutaking by the issuer to furnish to the U.S. Securities and Exchanged investor pursuant to paragraph (b)(2) of Rule 502.	lly authorized person. If this notice is filed t			
Issuer	(Print or Type)	Signature		Date	
	Wako Logistics Group, Inc.	_ the	//	August	3 , 2007
Name	(Print or Type)	Title of Signer (Print or Type)			
c	hristanher Wood	Chief Executive Officer			

ATTENTION

Christopher Wood

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

E. STATE SIGNATURE

. Is any party described in 17 CFR 230.252(c), (d), (e) or (f)

presently subject to any of the disqualification provisions of such rule? N/A

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. N/A
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. N/A
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. N/A

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Wako Logistics Group, Inc.	Them.	August 13, 2007
Name (Print or Type) Christopher Wood	Title (Print or Type)	<u> </u>
chi i beopher nood	Chief Executive Officer	

Instruction:

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.

I	Intend to so to non-accordinvestors in (Part B-Itel	ell redited n state	Type of Security and aggregate Offering price Offered in state (Part C-Item 1)	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	Units (\$)	No. of Accredited Investors	Amount*	No. of Non- Accredited Investors	Amount	YES	NO	
AL	†							İ		
AK										
AZ									 	
AR	 									
CA	-									
CO										
CT								 		
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IL	x			2	4,710,014					
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KY										
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MD										
MA							<u> </u>			
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MN				·						
MS	 									
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*Pursuant to the terms and conditions of a Membership Interest Purchase Agreement, dated as of July 31, 2007 by and among Issuer, Remo Ficchietti, Mary Picchietti (the "Sellers"), and World Commerce Services, LLC ("WC"), Issuer acquired all of the outstanding membership interests of WC from Sellers for an aggregate of 7,172,520 shares of common stock, 4,710,014 of which were issued at closing on July 31, 2007. The remaining 2,462,506 shares will be issued to Sellers only if WC achieves certain earnings targets.

State YES NO		Intend to se to non-acci investors in (Part B-fre	redited 1 state	Type of Security And aggregate Offering price Offered in state (Part C-Item 1)		Type of Investor and Amount purchased in State (Part C-Item 2)				
MT		-		Units (\$)	Accredited		Accredited			
NE	State MT	YES	NO		Investors	Amount (\$)	Investors	Amount	YES	NO
NV NH NH NJ NM NM NY NC NC ND		 	<u> </u>							
NH									<u> </u>	
NJ	NV									1
MM	NH									
NY NC ND ND OH OK OR OR PA RI SC SD TN TX UT VT VA WA WI WI WY WI	NJ		†							
NC ND ND OH OK OR OR OR PA OR SC OR SD TN TX OT VT VA WA WV WI WY	NM	1		<u> </u>					1	
ND	NY						- 			
OH OK OR OR PA OR RI OR SC SD TN TX UT VT VA WA WI WY	NC									
OK OR PA RI SC SD TN TX UT VT VA WA WI WY	ND		1			-				
OR PA PA RI RI SC SD TN TX UT VT VA WA WV WI WY	ОН						<u> </u>			1
PA RI RI SC SD TN TX OT VT VA WA WV WI WY	ОК		<u> </u>					-		
RI SC SD TN TX UT VT VA WA WA WY WI WY	OR	<u> </u>								
SC	PA	 	 					<u> </u>	 	
SD	RI	 	 						 	+
TX UT VT VA WA WV WV WY WI WY WY	sc	·	 					-	 	
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VT VA VA Image: Control of the co	TX	 	1				-	ļ		1
VA WA WV WI WY	UT	 	 						 	†
WA WV WI WY	VT	 	 					 	 	
WY	VA	1	 				+	 	 -	1
WY WY	WA						 	<u>-</u>	 	
WY	WV		1						 	
	WI	 	1						 	
PR	WY						 		 -	
	PR	 							 	