FORM D



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

FORM D

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

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OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	April 30, 2008				
Estimated average burden					
hours per response 16.00					

SEC USE ONLY						
Prefix	Serial					
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DATE RE	CEIVED					
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UNIFORM LIMITED OFFERING EXEMI	PIION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
nMotion Acquisition Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	SECON
A. BASIC IDENTIFICATION DATA	in the
1. Enter the information requested about the issuer	Va Oho
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	Fol 7 < 00)
Remote Surveillance Technologies, Inc.	10/100
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) Un
10 Hughes, Suite A-100, Irvine, CA 92618	(949) 829-9300
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Security Systems and Services	
There of Decision Constitution	PROCESOR
Type of Business Organization Corporation limited partnership, already formed other (pl	lease specify):
business trust limited partnership, to be formed	
Month Year	OCT 1 2 2007
Actual or Estimated Date of Incorporation or Organization: 0 8 9 2 Actual Estim	<i>t)</i>
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	FINANCIA
CN for Canada; FN for other foreign jurisdiction)	NV FINANCIAI
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or So 77d(6).	ection 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. A and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given belowhich 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 ow 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. 2054	19.
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.	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 supplied not be filed with the SEC.	the name of the issuer and offering, any changes and 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 sal ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Seare 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.	curities Administrator in each state where sales he 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 exemplappropriate federal notice will not result in a loss of an available state exemption unless safiling of a federal notice.	otion. Conversely, failure to file the such exemption is predicated on the

SEC 1972 (6-02)

Persons who 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 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 issue
• 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 K Executive Officer Director General and/or
Managing Partner
Cummings, Michael Full Name (Last name first, if individual)
21 Pyrite, Rancho Santa Margarita, CA 92688
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
Harper, Laurance H., Dr.
Full Name (Last name first, if individual)
715 Calle Moserrat, San Clemente, CA 92672
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner CTM Investments
Full Name (Last name first, if individual)
21 Pyrite, Rancho Santa Margarita, CA 92688
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
Flynn, Michael
Full Name (Last name first, if individual)
13295 Eagle Ridge, Chino Hills, CA 91709-3587
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Harper Revocable Living Trust
Full Name (Last name first, if individual)
715 Calle Moserrat, San Clemente, CA 92672
Business or Residence Address (Number and Street, City, State, Zip Code)
Chall Barda) that Araba
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
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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)
The family from the transmitted to
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. INF	ORMATI	ON ABOU	T OFFER	RING			_			
1.	Has the	e issuer so	ld, or does	the issuer	intend to s	sell, to nor	n-accredite	d investor	s in this of	ffering?		Yes	No		
			,						underULO	_		L	23		
2.	What is	s the minit	num invest	ment that v	will be acc	epted fron	n any indiv	vidual?	• • • • • • • • • • • • • • • • • • • •	•		. \$ <u>300,0</u>	\$ 300,000.00		
_												Yes	No		
3.			permit joir									_			
4.	If a persor state	sion or sim son to be li s, list the n	ation reques silar remune sted is an as ame of the l you may s	ration for s sociated pe broker or de	olicitation rson or age caler. If mo	of purchase ent of a bro ore than fiv	ers in conne ker or deale e (5) perso	ection with er registere ns to be lis	sales of se d with the ted are ass	curities in SEC and/or	the offering with a stat	i. ie			
Ful	l Name (Last name	first, if ind	ividual)							· · · · ·				
			ill use Officer				2'- O-3-\						 		
Bus	siness or	Residence	Address (N	number and	Street, Ci	ity, State, A	Lip Code)								
Nar	ne of As	sociated B	roker or De	aler		 · · · · · ·		•		· · · · ·			<u></u>		
Sta	tes in W	hich Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchaser	S							
	(Check	"All State	s" or check	individual	States)	•••••		•••••		•••••		🔲 Al	l States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Н	ID		
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО		
	MT	NE	NV	NH	נא	NM	NY	NC	ND	ОН	OK	OR	PA		
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	wı	WY	PR		
Ful	l Name (Last name	first, if ind	ividual)											
Bus	siness or	Residence	Address (1	Number and	d Street, C	ity, State,	Zip Code)								
— Nar	nc of As	sociated B	roker or Do	aler	····										
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Sta			n Listed Ha												
	(Check	"All State	s" or check	individual	States)		······································	·············				∏ Al	1 States		
	AL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	н	ID		
	IL NATE	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО		
	RI	SC	SD	NH	TX	UT	VT	VA VA	WA	OH	OK	OR	PA		
				TN		[01]	<u>[V]</u>	VA	WA	wv	WI	WY	PR		
rui	i Name (Last name	first, if ind	iividuai)											
Bus	siness or	Residence	Address (1	Number and	d Street, C	ity, State,	Zip Code)					,			
Nar	ne of As	sociated B	roker or De	aler					,				-		
Sta	tes in W	hich Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchaser	s							
(Check "All States" or check individual States)															
	AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID		
	1L	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	мо		
	MT	NE	NV	НИ	NJ	NM	NY	NC	ND	ОН	ОК	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.)

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

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	A:	mount Already Sold
	Debt\$	0.00	\$	0.00
	EquityS	300,000.00	\$	300,000.00
				•
	Convertible Securities (including warrants)	0.00	S	0.00
	Partnership Interests\$	0.00	\$	0.00
	Other (Specify	0.00	\$	0.00
	Total		s	300,000.00
	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 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."			Aggragata
		Number Investors	I	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$_	0.00
	Non-accredited Investors	1	s _	300,000.00
	Total (for filings under Rule 504 only)	<u> </u>	s _	300,000.00
	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	Γ	Dollar Amount Sold
	Rule 505		_ \$_	
	Regulation A		_ \$_	
	Rule 504		_ \$_	
	Total	····	_ \$_	
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 insurer. 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	🛛	\$	0.00
	Printing and Engraving Costs	🛛	\$	0.00
	Legal Fees	🛛	s	0.00
	Accounting Fees	🛛	\$	0.00
	Engineering Fees		\$	0.00
	Sales Commissions (specify finders' fees separately)		\$	0.00
	Other Expenses (identify) Blue Sky Filing Fees		\$	300.00
	Total	-	\$	300.00
				<u></u>

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

		<u> </u>				
	b. Enter the difference between the aggregate and total expenses furnished in response to Par proceeds to the issuer."	t C—Question 4.a. This difference is the "a	djusted gross		s	299,700.00
5.	Indicate below the amount of the adjusted greeach of the purposes shown. If the amount is check the box to the left of the estimate. The to proceeds to the issuer set forth in response	or any purpose is not known, furnish an otal of the payments listed must equal the	estimate and			
			Payı	ments to		
				ficers, ctors, &		Payments to
				filiates		Others
	Salaries and fees		⊠s	0.00	⊠ s	0.00
	Purchase of real estate			0.00	_	0.00
	Purchase, rental or leasing and installation of	of machinery			_	
	and equipment				X s	0.00
	Construction or leasing of plant buildings a	nd facilities		0.00	⊠ s	0.00
	Acquisition of other businesses (including the					
	offering that may be used in exchange for the issuer pursuant to a merger)			0.00	⊠s	299,700.00
	Repayment of indebtedness			0.00		0.00
	Working capital			0.00		0.00
	Other (specify):				⊠ s	0.00
					.	
			🖂 s	0.00	⊠s	0.00
	Column Totals			0.00	⊠ s	299,700.00
	Total Payments Listed (column totals added	l)	*******************************	⊠ s	299,70	00.00
		D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer information furnished by the issuer to any no	to furnish to the U.S. Securities and Exch	nange Commission, up	on writte		
İss	uer (Print or Type)	Signature	Date	0/2	_/	
Re	mote Surveillance Technologies, Inc.	1 Will Line		7/2	1/0	7
Nа	me of Signer (Print or Type)	Title of Signer (Print or Type)		-		7
		ľ				

END

-ATTENTION -

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