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** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	OVAL
OMD Number	3235

April 30, 2008 Expires: Estimated average burden hours per response. 16.00

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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Sale of Series C-1 Preferred Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE RECEIVED
A. BASIC IDENTIFICATION DATA	OCT 0 9 2007
1. Enter the information requested about the issuer	001 0 200
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	185
Penta Water Company, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Address of Executive Offices (Number and Street, City, State, Zip Code) 2091 Rutherford Road, Carlsbad, CA 92008	(760) 438-6686
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above	Telephone Number (Including Area Code)
Brief Description of Business Manufacture and distribute purified water.	
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	SH()CECCEL
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	lease specify): OCT 1 2 2007
Month Year Actual or Estimated Date of Incorporation or Organization: 0 4 9 9 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	
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 be which it is due, on the date it was mailed by United States registered or certified mail to that address.	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 manual 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 thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	ort 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 ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are 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 or 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 exappropriate federal notice will not result in a loss of an available state exemption unlifiling of a federal notice.	cemption. Conversely, failure to file the ess such exemption is predictated on the

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.

1 of 10 American LegalNet, Inc. www.USCourtForms.com

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
Full Name (Last name first, if individual)
O'Brien, Dennis
Business or Residence Address (Number and Street, City, State, Zip Code)
22241 Crystal Pond, Mission Viejo, CA 92692
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Hieb, Lee
Business or Residence Address (Number and Street, City, State, Zip Code)
2091 Rutherford Road, Carlsbad, CA 92008
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Perez, David
Business or Residence Address (Number and Street, City, State, Zip Code)
13069 Seagrove Street, San Diego, CA 92130
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Ridge, Garry
Business or Residence Address (Number and Street, City, State, Zip Code)
1199 Pacific Highway, #1605, San Diego, CA 92101
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Schrieber, Dan
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Granite Financial, 12220 El Camino Real, Suite 400, San Diego, CA 92130
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Holloway, William D
Business or Residence Address (Number and Street, City, State, Zip Code)
1007 Sagebrush Road, Carlsbad, CA 92001
Check Box(es) that Apply: Promoter M Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Holloway, G.R.
Business or Residence Address (Number and Street, City, State, Zip Code)
1007 Sagebrush Road, Carlsbad, CA 92001 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

			A. BASIC IDE	NTIF	TCATION DATA				
2. Enter the information req	uested for the foll	owing							
Each promoter of th									
 Each beneficial own 	er having the powe	r to vo	ote or dispose, or dir	ect the	vote or disposition (of, 10%	% or more of	a clas.	s of equity securities of the issue
Each executive office	cer and director of	corpo	rate issuers and of	corpoi	rate general and man	aging	partners of	partne	rship issuers; and
 Each general and m 	anaging partner of	partn	ership issuers.						
Check Box(es) that Apply:	Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	tu atutaualy								<u> </u>
full Name (Last name first, if	individual)								
C-1 Penta 1836, LLC Business or Residence Addres	o (Number and	Ctreat	City, State, Zip Co	rde)					
12220 El Camino Real, Suit				,40,					
	Promoter		Beneficial Owner		Executive Officer		Director		General and/or
Check Box(es) that Apply:	Fromoter	IA.	Denericial Owner			<u> </u>			Managing Partner
Full Name (Last name first, i	(individual)								
Riemer, Jeffrey S. Business or Residence Addre	ne (Number and	Ctrant	City State 7in C	ode)					<u> </u>
				Jucy					
c/o J.S. Riemer, Inc., 15 N.	Promoter		Beneficial Owner		Executive Officer		Director		General and/or
Check Box(es) that Apply:	Promoter	2	Belleticial Owlice		Excount officer	Ц		لــا	Managing Partner
Full Name (Last name first, i	f individual)								
Sall, Anthony R.			. <u></u>						<u>_</u>
Business or Residence Addre	ss (Number and	Street	, City, State, Zip C	ode)					
8300 S.W. 83rd Street, Mia	mi, FL 22143								
Check Box(es) that Apply:	Promoter	×	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Chou, Andrew				 -					
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip C	ode)					
835 C Street, Union City, C	CA 94587						D		C
Check Box(es) that Apply:	Promoter	X	Beneficial Owner	ĻJ	Executive Officer	Ц	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Khun, Andrew					<u> </u>				<u> </u>
Business or Residence Addre	•		t, City, State, Zip C	ode)					
1502 South 10th Avenue,			·		0.00		Distant		General and/or
Check Box(es) that Apply:	Promoter	X	Beneficial Owner	<u> </u>	Executive Officer	L	Director		Managing Partner
Full Name (Last name first,	if individual)								
Saguaro Investments, L.P.		1.04	. Oir. 8 21 C	١ - الم					
Business or Residence Addr	•		et, City, State, Zip C	.000)					
2412 West Washington Str		est Be			Executive Officer		Director		General and/or
Check Box(es) that Apply:	Promoter	ىا	Beneficial Owner	L_	Executive Officer	ப	Director	ں	Managing Partner
Full Name (Last name first,	if individual)						· -		
Business or Residence Addr	ess (Number and	Stree	et, City, State, Zip C	ode)					
		-				_L_ ·			
	(Use bl	ank sh	neet, or copy and us	e addi	tional copies of this	sneet,	as necessar	yJ	

					B. IN	FORMATIC	ON ABOUT	OFFERIN	IG		•		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No		
2.											\$ 10,000.00		
										Yes	No		
3.										X			
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	•	ast name i	irst, if indi	vidual)									
N/ Bu		Residence .	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)	<u></u> .					
Na	me of Ass	octated Br	oker or Dea	ner									
Sta			Listed Has										. C
	(Check	"All States	" or check	individual	States)			*************				∏ AI	I States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Fu	ıll Name (Last name	first, if indi	ividual)			•						
Bı	isiness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						<u></u>
N	ame of As	sociated Bi	roker or De	aler									
St			Listed Ha							· ·			1 6
	(Check	"All State	s" or check	individual	l States)						***************************************	∐ Ai	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
F	ull Name ((Last name	first, if ind	ividual)									
B	usiness o	r Residenc	e Address (Number ar	nd Street, C	City, State,	Zip Code)				·	<u> </u>	
N	ame of As	ssociated B	roker or De	ealer			- <u>-</u> ,						
s	tates in W	hich Perso	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchaser	s					
	(Check	c "All State	s" or check	individua	l States)	***************************************		••••				☐ A	II States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA 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

1.	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.	_	gregate ring Pri	ce	Am	ount A Sold	lready
	Type of Security						
	Debt	.			\$		
	Equity	<u> </u>	,213,600	0.00	\$	1,213,0	500.00
	Common Preferred						
	Convertible Securities (including warrants)	\$			s		
	Partnership Interests						
	Other (Specify)	\$			\$		
	Total	s 1	,213,60	0.00	\$	1,213,	600.00
	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."	N	lumber nvestors		a	f Purcl	mount hases
	Accredited Investors	_8_			\$_	1,213	,600.00
	Non-accredited Investors				\$_		
	Total (for filings under Rule 504 only)		<u></u> ,		\$		
	Answer also in Appendix, Column 4, if filing under ULOE.						
3.	and the second s						
			Type of		D		Amount
	Type of Offering		ecurity			Solo	
	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				\$		
	Printing and Engraving Costs				s		
	Legal Fees			X	s	8	3,000.00
	Accounting Fees				\$		
	Engineering Fees				\$		
	Sales Commissions (specify finders' fees separately)				s		
	Other Expenses (identify)				S	•	
	Total			K	\$	8	3,000.00

			
b. Enter the difference between the aggregate of and total expenses furnished in response to Part C-proceeds to the issuer."	 — Question 4.a. This difference is th 	e "adjusted gross	\$_1,205,600.00
Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P	any purpose is not known, furnish of the payments listed must equal the	an estimate and	
	·	Payments to Officers, Directors, & Affiliates	
Salaries and fees		\$	_ 🗆 \$
Purchase of real estate		S	_ 🗆 \$
Purchase, rental or leasing and installation of n	nachinery		_ 🗆 \$
Construction or leasing of plant buildings and	facilities	[] \$	🗆 \$
Acquisition of other businesses (including the offering that may be used in exchange for the a issuer pursuant to a merger)	assets or securities of another		[\$
Repayment of indebtedness			🗆 \$
Working capital		S	\$ 1,205,600.00
Other (specify):			🗆 \$
Column Totals		ss	\$_1,205,600.00
Total Payments Listed (column totals added).			1,205,600.00
	D. FEDERAL SIGNATURI		
The issuer has duly caused this notice to be signed by signature constitutes an undertaking by the issuer to the information furnished by the issuer to any non-	furnish to the U.S. Securities and b	Exchange Commission, upon wri	Rule 505, the following tten request of its staff
Issuer (Print or Type)	Signature	Date	/
Penta Water Company, Inc.	I de Or	9/	50/07
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Dennis O'Brien	President		

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

5.

END

- ATTENTION -

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