FORM D

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

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| OMB . | APPROVAL | | | | |
| OMB Number: | 3235-0076 | | | | |
| Expires: | APRIL 30, 2008 | | | | |
| Estimated Average burden | | | | | |

hours per response 16.00

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FORM D

| SEC USE ONLY | | | | | | |
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| Prefix | Prefix Serial | | | | | |
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| NOTICE OF SALE OF SECURITIES | SEC USE ONL I |
|--|--|
| PURSUANT TO REGULATION D, | Prefix Serial |
| SECTION 4(6), AND/OR | |
| NOV 2 1 2007 WNIFORM LIMITED OFFERING EXEMPTION | J DATE RECEIVED |
| ONITORIA LIMITED OFFERING EXEMITION | 1 1 1 |
| | |
| 186 | |
| Name of Offering | |
| Subscription Receipts convertible into Units comprised of Common Shares and Common Share I | Purchase Warrants |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | ULOE |
| A. BASIC IDENTIFICATION DATA | |
| Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| Canadian Oil Recovery & Remediation Enterprises Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telepho | me Number (Including Area Code) |
| | 09-2521 |
| Address of Principal Business Operations (Number and Strand Case Zip Code) Telepho (if different from Executive Offices) | me Number (Including Area Code) |
| Brief Description of Business NOV 3.0 2007 | |
| Vincinanmental Demodiation | . 78.311 |
| Type of Business Organization | |
| ype of Business Organization corporation | nse st 07084358 |
| Month Year | |
| 02 200, = | Estimated |
| urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: | |
| CN for Canada; FN for other foreign jurisdiction | CN |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 15 U.S.C. 77d(6). | or Section 4(6), 17 CFR 230.501 et seq. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received to the date it was mailed by United States registered or certified mail to that address. | e is deemed filed with the U.S. Securities as eived at that address after the date on which |
| 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 sign | ed. Any copies not manually signed must |

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.

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 | , |
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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 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.

| | | 6 SEC 1009 | and the pe | | |
|---|--------------------|-------------------------------|---------------------|---|----------------------------------|
| 2. Enter the information reques | | | • | | |
| | | been organized within the p | | or more of a class of | equity securities of the issuer. |
| | | rate issuers and of corporate | | | |
| Each general and management | - | • | 8***** F*** | | , |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ■ Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | | | | |
| Lorenzo, John | | | | | |
| Business or Residence Address | (Number and Stre | et, City, State, Zip Code) | | | |
| c/o CORRE, Suite 110 - 141 | Adelaide Street We | st, Toronto, Ontario, Canac | da M5H 3L5 | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if i Carbonaro, David | ndividual) | | | | |
| Business or Residence Address | (Number and Stre | et City State Zin Code) | | | |
| c/o CORRE, Suite 110 – 141 | | | da M5H 3L5 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, if i | ndiviđual) | | | | Managing 1 duties |
| Ayoub, Anton | | | | | |
| Business or Residence Address | (Number and Stre | et, City, State, Zip Code) | | | |
| c/o CORRE, Suite 110 - 141 | Adelaide Street We | st, Toronto, Ontario, Canac | da M5H 3L5 | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, if i McKinnon, Wayne | ndividual) | | | | |
| Business or Residence Address | (Number and Stre | et, City, State, Zip Code) | | | |
| c/o CORRE, Suite 110 - 141 | Adelaide Street We | st, Toronto, Ontario, Canac | da M5H 3L5 | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | | | | · |
| Stapell, Raymond Business or Residence Address | (Number and Street | at City State 7in Code) | | | |
| c/o CORRE, Suite 110 – 141 | | • | 1a MSH 31.5 | | |
| Check Box(es) that Apply: | | | | | General and/or |
| | | Beneficial Owner | | | Managing Partner |
| Full Name (Last name first, if i Shawwa, Omar | ndividual) | | | | |
| Business or Residence Address | (Number and Stre | et, City, State, Zip Code) | | | |
| c/o CORRE, Suite 110 - 141 | Adelaide Street We | st, Toronto, Ontario, Canac | da M5H 3L5 | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director □ Director | General and/or Managing Partner |
| Full Name (Last name first, if i Lewis, Andrew | ndividual) | | | | |
| Business or Residence Address | (Number and Stre | et, City, State, Zip Code) | | | • |
| c/o CORRE, Suite 110 - 141 | • | | da M5H 3L5 | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, if i Gress, Edward | ndividual) | | | | |
| Business or Residence Address | (Number and Stre | et, City, State, Zip Code) | | | |
| c/o CORRE, Suite 110 - 141 | • | | da M5H 3L5 | | |
| Check Box(es) that Apply: | Promoter | ■ Beneficial Owner | ☐ Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, if i Dahlawi, Hassan | ndividual) | | | | |
| Business or Residence Address | | | | | |
| | (Number and Stre | et, City, State, Zin Code) | | | |

| | 4 (21 JRW) (CAS (BE) (CAS S) | | | | | | |
|--|--|---------------------------------------|-------------|--|--|--|--|
| 1. | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | Yes 🗖 N | No 🔯 | | | | |
| | Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | |
| 2. | What is the minimum investment that will be accepted from any individual? | \$N/A | _ | | | | |
| 3. | Does the offering permit joint ownership of a single unit? | Yes 🛛 N | 40 □ | | | | |
| 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. *NO COMMISSIONS TO BE PAID* | | | | | | |
| Full N | ame (Last name first, if individual) | | | | | | |
| Busin | ess or Residence Address (Number and Street, City, State, Zip Code) | | | | | | |
| Name | of Associated Broker or Dealer | <u> </u> | | | | | |
| States | | | | | | | |
| | | | | | | | |
| AL | AK AZ AR CA CO CT DE DC FL GA | HI | ID | | | | |
| ΙĹ | IN IA KS KY LA ME MD MA MI MN | MS | МО | | | | |
| MT | NE NV NH NJ NM NY NC ND OH OK | OR | PA | | | | |
| Rl | SC SD TN TX UT VT VA WA WV WI | WY | PR | | | | |
| Full N | ame (Last name first, if individual) | | | | | | |
| IL IN IA KS KY LA ME MD MA MI MN MS MC MT NE NV NH NJ NM NY NC ND OH OK OR PARIL SC SD TN TX UT VT VA WA WV WI WY PROBLEM ALL AK AZ AR CA CO CT DE DC FL GA HI DD MA MI MN MS MC MT NE NV NH NJ NM NY NC ND OH OK OR PARIL STATES TO THE NOR HIS S | | | | | | | |
| 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 States | | | | | |
| AL | AK AZ AR CA CO CT DE DC FL GA | НІ | ID | | | | |
| IL | IN IA KS KY LA ME MD MA MI MN | MS | МО | | | | |
| МТ | 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 N | ame (Last name first, if individual) | | | | | | |
| Busine | ess 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 States | | | | | |
| AL | AK AZ AR CA CO CT DE DC FL GA | HI | ID | | | | |
| IL | IN IA KS KY LA ME MD MA MI MN | MS | МО | | | | |
| 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 | | | | |

| 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 \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
|-----|--|--------------------------------------|---|--------------------------------------|
| | Type of Security | Aggregate Offering Price | ; | Amount Already Sold |
| | Debt | \$ | | s |
| | | | | <u> </u> |
| | Equity | \$ <u>5,194,312.50^{1,2}</u> | | \$ <u>3,196,500.00</u> |
| | ☐ Common ☐ Preferred | | | |
| | Convertible Securities (including warrants) | 2 3 | _ | \$ |
| | Partnership Interests | _ | | \$ |
| | Other (Specify) | \$ | | \$ |
| | Total | \$ <u>5,194,312.50</u> | | \$ <u>3,196,500.00</u> |
| | 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 | 4 | _ | \$ <u>3,196,500.00</u> |
| | Non-accredited Investors | | _ | \$ |
| | Total (for filings under Rule 504 only) | | _ | \$ |
| An: | swer 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 | | | \$ |
| 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 | | | \$ |
| | Legal Fees | | X | \$1,000.00 |
| | Accounting Fees | | | \$ |
| | Engineering Fees | | | \$ |
| | Sales Commissions (specify finders' fees separately) | | | \$ |
| | Other Expenses (identify) | | | \$ |
| | Total | | ⊠ | \$1,000.00 |
| | | | _ | |

| | b. Enter the difference between the aggregate of | ffering price given in response to Part C – Question 1 rt C – Question 4.a. This difference is the "adjusted | 7 | the state of the second | . ` | |
|---|---|--|------|---|-------------|------------------------|
| | | | | \$ <u>5,193</u> | ,312. | <u>50</u> |
| 5. | each of the purposes shown. If the amount for | proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and total of the payments listed must equal the adjusted to Part C - Question 4.b above. | | | • | |
| | | | o | Payments to flicers, Directors & Affiliates | | Payments to Others |
| | Salaries and fees | | | \$ | | s |
| | Purchase of real estate | | | \$ | | \$ |
| | Purchase, rental or leasing and installation of ma | chinery and equipment | | s | | S |
| | Construction or leasing of plant buildings and fa | cilities | | s | | s |
| | Acquisition of other businesses (including the va | | | | | |
| | offering that may be used in exchange for the assignment to a merger) | sets or securities of another issuer | | \$ | | s |
| | | | | | | \$ |
| | Working capital | | | s | \boxtimes | \$ <u>5,193,312.50</u> |
| | Other (specify) | | | | | |
| | | | | | | |
| | | <u> </u> | | s | | S |
| | Column Totals | | | \$ | \boxtimes | \$5,193,312.50 |
| | Total Payments Listed (column totals added) | | | ⊠ \$ <u>5,19</u> | 3,31 | 2 <u>.50</u> |
| | n an | The state of the s | | | | |
| | , | - 连 美国地位的美国公共通过 | | | | |
| cons | | by the undersigned duly authorized person. If this not the U.S. Securities and Exchange Commission, upon writeragraph (b)(2) of Rule 502. | | | | |
| Issı | eer (Print of Type) | Signature | Date | e _ | | |
| Canadian Oil Recovery & Remediation Enterprises Inc. | | Suosenio: | | rember <u>/ 9</u> , 2007 | | |
| Nai | ne of Signer (Print or Type) | Title of Signer (Print or Type) | | | | |
| Job | n Lorenzo | President and Chief Executive Officer | | | | |
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ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)