FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPRO\	/AL
OMB	3235-
Number:	0104
Estimated averag	ge
burden hours pei	r
response	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

 Name and Address of Reporting Person * Horne William B 	Statem (Mont	2. Date of Event Requiring Statement (Month/Day/Year) -07/16/2005		_	3. Issuer Name and Ticker or Trading Symbol DIGICORP [DGCO]				
(Last) (First) (Midd 4143 GLENCOE AVENUE	le) 0//16				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)X Director 10% Owner Officer (give Other (spec title below) below)			Amendment, Date Original Month/Day/Year)	
(Street) MARINA DEL REY, CA 902	92			X Director Officer (given			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zi))	Ta	ble I	- Non-Derivati	ve Securitie	s Ben	eficially	y Owned	
1.Title of Security (Instr. 4)		Ben		ly Owned	3. Ownership Form: Direct (D) or Indirect (I)	Owner	rship	lirect Beneficial	
	o respond to	the colle	ction		ctly or indirection contained in	this fo		SEC 1473 (7-02 not	
Persons wherequired to number. Table II - Derivative S	o respond to respond unlo Securities Ben	o the colle ess the fo	ction rm di	eficially owned direction of information of splays a current (e.g., puts, calls, v	(Instr. 5) ctly or indirect contained in tly valid OM	this fo	trol	not le securities)	
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Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Horne William B						
4143 GLENCOE AVENUE	X					
MARINA DEL REY, CA 90292						

Signatures

/s/ William B. Horne	03/03/2006
**Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.