


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90023 035 ***158.75

DOCUMENT # P96000067997	
1. Entity Name EL ZORRO HOLDINGS CORPORATION	

Principal Place of Business 3415 FLAMINGO BLVD SPRING HILL FL 34607 US	Mailing Address 3415 FLAMINGO BLVD SPRING HILL FL 34607 US
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2. Principal Place of Business 3413 FLAMINGO BLVD	3. Mailing Address 3413 FLAMINGO BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State SPRING HILL, FL	City & State SPRING HILL FL
Zip 34607	Country USA
Zip 34607	Country USA

4. FEI Number 59-3396945	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. Name and Address of Current Registered Agent SEALS N' SIGNATURES INC. 6822 22ND AVE N SUITE 277 ST PETERSBURG FL 33710	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HUGILL, WILLIAM		NAME	
STREET ADDRESS 3413 FLAMINGO BLVD		STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL 34607		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BESETH, KAREN A		NAME	
STREET ADDRESS 5203 JAMESVILLE RD		STREET ADDRESS	
CITY-ST-ZIP JAMESVILLE NY 13078		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **William L. HUGILL** **1/30/06 (352) 596-5060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #