

187A1 # 1,280.08

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

See TX 693

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

T1533 - 05-0-R
 Trans National Communications International, Inc.
 2 Charlesgate West
 Boston, MA 02215

POSTAL DATE
 POST DATE
 670 AUG 03 2006

FOR PSC USE ONLY

Check # 019524

\$ 1230.58 06-03-001
 003001

P 06-03-001
 004011

\$ _____ I

Postmark Date 7-31-06
 Initials of Preparer RT

ORIGINAL

Paula Records

D# 060466

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 2,246,730.00	\$ 615,291.00
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 2,246,730.00	\$
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 615,291.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Extension Payment Fee (see "4. Extension" on back)		
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ 1,230.58 ⁽²⁾

CMP
COM

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

CTR _____

ECR _____

CURRENT COMPANY STATUS

GCL Facilities-Based Carrier Reseller Call Aggregator
 Alternate-Operator Service Rebiller Other: _____

OPC _____

BILLING INFORMATION

RCA _____ Complete below if billing agent is other than yourself.

SCR _____ (Name) (Address: City/State/Zip) (Telephone)

SGA Amount: \$ _____ for 20 _____ What is the total amount of customer deposits collected?
 Amount: \$ _____ Expires: _____ What is the total amount of bond held (if applicable)?

SEC 1 _____ **COMPANY INFORMATION**

Do you lease telecommunications' facilities? YES NO

OTH: YES, who do you lease these facilities from? Name: _____
 Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Brian Turany President - TNCI 7-28-06
 (Signature of Company Official) (Title) (Date)

Janet Willis/TCS Telephone Number (678) 775-2247 Fax Number (678) 775-1189
 (Preparer of Form - Please Print Name)

F.E.I. No. 04-3284489 DOCUMENT NUMBER-DATE

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