

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2007

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- X Actual Return
Estimated Return
Amended Return

PERIOD COVERED: 01/01/2006 TO 08/01/2006

(See Filing Instructions on Back of Form)

TG394-06-0-R 070000
Supra Telecommunications and Information Systems, Inc.
1000 Legion Place, Suite 1650
Orlando, FL 32801-1051
POST DATE
702 JAN 19 2007

FOR PSC USE ONLY
Check # 11532
\$ 50.00 06-03-001 003001
\$ E
\$ P 06-03-001 004011
\$ I
Postmark Date 1/12/07
Initials of Preparer km

Please Complete Below If Official Mailing Address Has Changed

FINAL RETURN
Paula/Records

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, AMOUNT. Rows include Gross Operating Revenue, Gross Intrastate Revenue, LESS: Amounts Paid to Other Telecommunications Companies, TOTAL REVENUES for Regulatory Assessment Fee Calculation, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, TOTAL AMOUNT DUE (MINIMUM \$50.00), and Number of pay telephones in operation.

(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.

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 official duty shall be guilty of a misdemeanor of the second degree.

Signature of Company Official: [Signature] Title: CFO Date: 1/31/07

(Preparer of Form - Please Print Name)

Telephone Number ( ) Fax Number ( )

F.E.I. No.

DOCUMENT NUMBER-DATE

00499 JAN 18 07