TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2008

Interexchange Company Regulatory Assessment Fee Return

		Florida Public Service	Commission	FOR PSC USE ON	LY				
	STATUS:	(See Filing Instructions on Back of Form)		Check # 1234					
	Actual Return	TK038-07-0-R		50.00	06-03-001				
	Estimated Return	DTI Telecom		· _	003001				
	Amended Return	Suite G & H		\$ E	İ				
		3613 South Military FROSIT	DATE	\$ P	06-03-001				
	PERIOD COVERED: 01/01/2007 TO 12/31/2007	Lake Worth, FL 33463-8733	an a 1 2007	, T	004011				
	•	/2014	IWK 0 + 5001	J ³ 1					
	Record			Postmark Date 1-26	-07				
ľ				Initials of Preparer	RT				
	Records	Please Complete Below If Official Mail	ing Address Has Changed						
	775 71/2000	3112 1 - H AV	11- TIL 1011	la ilm H E.	271117				
	DIT Telleon	- 3613, 5 outh Mil			33463				
	(Name of Company)	(Address)	V	(City/State)	(Zip)				
	LINE		FLORIDA GI						
		UNT CLASSIFICATION	OPERATING RE	EVENUE INTRASTATE R	EVENUE				
	 Long Distance Services Access Services 		\$AI///	\$\$	/12				
	3. Private Line Services								
CMP	4. Leased Facilities & Circui	its Services							
0014	5. Miscellaneous Services		$\frac{1}{n}$		NI IO				
COM	6 TOTAL Telephone Serv	ices	\$ <u>N/H</u>	\$/	Y/H				
CTR	7. LESS: Amounts Paid to T	elecommunications Companies ⁽¹⁾	() (· /-)				
rop.	8. TOTAL REVENUES Fo	8. TOTAL REVENUES For Regulatory Assessment Fee Calculation							
ECR	9. Regulatory Assessment Fe	9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)							
GCL	10. Penalty for Late Payment (see "3. Failure to File by Due Date" on back)								
000		(see "3. Failure to File by Due Date" on back) ee "4. Extension" on back)		H					
OPC	•	,		•	-				
RCA	13. TOTAL AMOUNT DUE	2 (\$50 MINIMUM)		2					
000		be intrastate only and must be verifiable (see "2.							
SCR	(2) Regardless of the gro Section 364.336, Flor	ss operating revenue of a company, a minimum	n annual regulatory assessment fee	e of \$50 shall be imposed as prov	vided in				
SGA				**************************************					
000		CURRENT COMP.		. /	<i>7</i> ∩				
SEC	() Facilities-Based Carrier () Alternate-Operator Service	() Reseller () Rebiller	() Call Aggregator (****) Other: <u></u> <u></u> <u></u> <u></u> <u> </u>	upary closed	-11/1-				
OTH	NONING								
		BILLING INFO	RMATION T VANCE	rowing any	rum				
	Complete below if billing agent is other	than yourself. N/A		()	. يعمرها				
	(Name)		ss: City/State/Zip)	(Telephone)	8 6 9 FEB 28 5				
	What is the total amount of customer de Amount: \$ for 2		Amount: \$	al amount of bond held (if application Expires:	28 To				
		- 	<u></u>		9 3				
	D lass talescommunications' facil	COMPANY INFO	DRMATION		世景世				
	Do you lease telecommunications' facilities? () YES NO If YES, who do you lease these facilities from? Name:								
	Address:								
					2 00 5				
		of the above-named company, have read the			ief the above (
		ent. I am aware that pursuant to Section 837.0 the performance of his/her duty shall be guilty			writing with _				
	4/1	Pr	is don't	nalau	107				
	(Signature Company	Official)	(Title)	(Da	ite)				
	IDRISH AHME	Telephone Nur	nber <u>561-128-755</u>	7 Fax Number 661-9	66-6393				
	(Preparer of Form - Please	e Print Name)		•	•				
		F.E.I. No	NONE						

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

TOTAL & 103.00

FOR PSC USE ONLY

Check # 1236

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:		1 101140	(See Filing Instructions on Back of Form)			eck # 1236						
		TK038-06-0-R				50.00	06-03-001					
Actual Return		DTI Telecom			3-		003001					
PARTIES TO THE PARTIE		Suite G & H			s_	E						
50.100		3613 South M	ilitary Trail			2.50 P	06.02.001					
PERIOD C	OVERED:		FL7 1340 87 33 D	are	•		06-03-001 004011					
01/01/2006 TO	12/31/2006	Lake Worth, I	T HOMESTADO E		s_	.50_1						
ulal	Record		726 MAR (0 1 2007	Pos	stmark Date 1-2	4-07					
					Init	tials of Preparer	27					
Please Complete Below If Official Mailing Address Has Changed												
DTI	Telecour	6 36	13. B. Mili	Tary Foid	Lake	worth Pe	<u>-33463</u>					
	(Name of Company)		(Address)	7 12.	(Cit	y/State)	(Zip)					
IDE					OBJDA CROSS							
LINE NO.	ACCOU	NT CLASSIFICATIO	N		LORIDA GROSS RATING REVENT	JE INTRASTATE	REVENUE					
	ong Distance Services			\$	N/A	s //	14					
	ccess Services											
	rivate Line Services			<u></u>								
	eased Facilities & Circuit Iiscellaneous Services	s Services				-						
6. TOTAL Telephone Services				\$	NA	- s - N	TA					
7. LESS: Amounts Paid to Telecommunication			mpanies ⁽¹⁾	(, , , , , , , , , , , , , , , , , , , 							
8. TOTAL REVENUES For Regulatory Assessment Fee Calculation \$							A					
9. R	egulatory Assessment Fee	é Due (Multiply Line 8	by 0.0020)									
	enalty for Late Payment											
	nterest for Late Payment (
12. E	xtension Payment Fee (se	e "4. Extension" on ba	ck)				- •					
13. T	OTAL AMOUNT DUE	(\$50 MINIMUM)				\$	(4)					
) These amounts must be	e intrastate only and m	ust be verifiable (see "2. Fe	ees" on back).								
	2) Regardless of the gros	s operating revenue of	a company, a minimum a		sessment fee of \$5	0 shall be imposed as pro	ovided in					
	Section 364.336, Florid	da Statutes.										
			CURRENT COMPAN				0 10					
() Facilities-Based Carrier () Alternate-Operator Service		\ /	eseller ebiller	() Call Agg () Other: •	regator Range	pany clos	ed Not					
() Alternate-	Operator Service	() Ki	eomei			7, / 2						
			BILLING INFORM	1ATION	unexir	and and	Thu					
Complete belov	w if billing agent is other t	than yourself.	11/12	U	,							
	(Name)		(Address)	City/State/Zip)		(Telephone)						
	al amount of customer dep		(Madress.	Wh		ount of bond held (if appli						
Amount: \$	for 20)		A	Amount: \$	Expires:	·					
			COMPANY INFOR	MATION								
Do you lease te	lecommunications' facilit	ies? () YES	(X NO	EIIION								
	you lease these facilities		7.									
Address:												
			mpany, have read the fore									
information is a title 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.												
me ment to m	Al public sorvaint in the	- Partornance of fils/	Do any sman or gunity of t	0. 1	to second degree.	40/11	107					
	SUPPLIE	Official)	184510	(Title)		_ <u>02/20</u>	70 1					
()	Signature of Company				_	. (Б	ate)					
IDRI	SH AHM	ED	Telephone Numb	er 560-628	<u>} -755</u> 7 Fi	ax Number (501-6	28-7557					
(Prep	arer of Form - Please	Print Name)			100/5							
			F.E.I. No		NONE							



Dhaka Tel Inc

Date: 02-24-2007

To

The Public Service Commission

Ref: Cancellation of IXC Registration No TK 038

Dear Sir/Madam,

Reference to the above I like to cancel the IXC registration No TK 038 with effect from March 25th 2007.

Please cancel the IXC Registration as early as possible.

Yours faithfully

IDRISH AHMED President/ CEO

Enclose: 2(Two)