

ORIGINAL

FINAL

070000-0T

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

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
Estimated Return
Amended Return

PERIOD COVERED: 08/01/2006 TO 12/31/2006

01/1/2006 - 10/13/2006

Records + paid

Supra Telecommunications and Information Systems, Inc.
2955 South Congress Avenue
Delray Beach, FL 33445-7320
1000 Legion Place
Orlando, FL 32801

FOR PSC USE ONLY
Check # 11705
\$ 3667.42
06-03-001 003001
06-03-001 004011
Postmark Date 5-23-07
Initials of Preparer

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, TOTAL Telephone Services, LESS: Amounts Paid to Telecommunications Companies, TOTAL REVENUES, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, TOTAL AMOUNT DUE (\$50 MINIMUM).

(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.

H NONAME

CURRENT COMPANY STATUS

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

BILLING INFORMATION

Complete below if billing agent is other than yourself.

Form for Billing Information including fields for Name, Address, Telephone, and Amount of customer deposits/bond held.

COMPANY INFORMATION

Do you lease telecommunications' facilities? ( ) YES ( ) NO
If 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.

Signature of Company Official, Title (CEO), Date (5/25/07)

Telephone Number ( ) Fax Number ( )

(Preparer of Form - Please Print Name)

F.E.I. No.

ACCOUNT NUMBER - DATE

04520 JUN-4 20

FPSC-COMMISSION CLERK