

ORIGINAL

TRINITY TELECOMMUNICATIONS, INC.

RECEIVED FPSC

JAN 23 AM 11:05

COMMISSION CLERK

January 17, 2006

Blanca Bayo  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

060050-JP

Dear Blanca:

This letter is to inform you that Trinity Telecommunications, Inc. (dba Trinity Connect, formerly at 6430 Madison Street, New Port Richey, FL 34652) has closed its business effective November 30, 2005.

Please cancel the following CLEC and IXC certificates issued by the State of Florida:

CLEC: TX788-05-0-R  
IXC: TJ918-05-0-R

If you require additional information or need to inform us of additional measures to properly and completely terminate our relationship with the State of Florida, please do not hesitate to contact me at 970-927-6745 or in writing at the address below.

Sincerely,



Nicholas Goluba  
President

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC   /
- OTH \_\_\_\_\_

06 JAN 23 AM 11:30

RECEIVED TELECOMMUNICATIONS

8206 ELK LANE • BASALT, CO • 81621

DOCUMENT NUMBER-DATE

00610 JAN 23 8

FPSC COMMISSION CLERK

# Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

TJ918-05-0-R  
 Trinity Connect  
 P. O. Box 2199  
 New Port Richey, FL 34652-2344

612 JAN 24 2006

FOR PSC USE ONLY

Check # 10237

\$ 50.00 06-03-001  
 003001

\$ \_\_\_\_\_ P 06-03-001  
 004011

\$ \_\_\_\_\_ I

Postmark Date 1-19-06  
 Initials of Preparer RT

*Records*

Please Complete Below If Official Mailing Address Has Changed

TRINITY CONNECT (Name of Company)      8206 ELK CANY (Address)      BASALT, CO (City/State)      81621 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	\$ _____	\$ _____
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ _____
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.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		\$ <u>50</u> <sup>(2)</sup>

(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.

CURRENT COMPANY STATUS

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

*BUSINESS HAS BEEN CLOSED.  
SEE ENCLOSED MEMO.*

BILLING INFORMATION

Complete below if billing agent is other than yourself.

(Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_

What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 20 \_\_\_\_\_

What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

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. 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.

NICHOLAS GOLUBA (Signature of Company Official)      PRESIDENT (Title)      1/17/2005 (Date)

NICHOLAS GOLUBA (Preparer of Form - Please Print Name)      Telephone Number (970) 927-6745 Fax Number ( ) SAME

F.E.I. No. 26-0078449