



x f o n e

ORIGINAL

2506 lakeland drive • suite 100
jackson, mississippi 39232

phone:601.664.1008
fax:601.664.1190

March 1, 2006

State of Florida Public Service Commission
Attention: Paula Isler
Capital Circle Office Center
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

060230-TP

Re: TJ647-05-0-D
TX654-05-0-D

Dear Ms Isler:

After receiving the Delinquency Notice on the above referenced accounts, you spoke with Shirley Gill in our office, and we understand that we need to file and pay the minimum fees and request cancellation of those Certificates for eXpeTel Communications.

As you know, eXpeTel Communications merged into Xfone USA, Inc. in March 2005. Xfone USA filed its returns with the State of Florida Public Service Commission, noting the merger. Those returns were filed along with TJ934-05-0-R and TX800-05-R.

Please accept this letter as our written request to cancel the Certificates referenced above under the name of eXpeTel Communications.

Should there be any further questions on this filing or should additional information be required, please don't hesitate to contact Shirley Gill directly at 601-420-6489.

Sincerely,

Wade Spooner
President & CEO
Xfone USA, Inc.

Cc: Shirley Gill

enclosure

COMMISSION OF
COMPETITIVE SERVICES

2006 MAR 13 AM 11:28

DOCUMENT NUMBER-DATE

02221 MAR 15 06

FPSC-COMMISSION CLERK

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TJ647-05-0-R
 eXpeTel Communications
 2506 Lakeland Drive, Suite 405
 Flowood, MS 39232-7674

6-37 MAR 14 2006
 637 MAR 14 2006

FOR PSC USE ONLY

Check # 12415

\$ 50.00 06-03-001
 003001

\$ 5.00 P 06-03-001
 004011

\$ 1.00 I

Postmark Date 3-10-06
 Initials of Preparer RE

PERIOD COVERED:

01/01/2005 TO 12/31/2005

Merged with

TJ647-05-0-R

Records & Paula

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.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES 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.	TOTAL AMOUNT DUE (\$50 MINIMUM)	_____	\$ _____ ⁽²⁾

(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
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: _____

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.

(Signature of Company Official) (Title) (Date)

Shirley Gill _____ *1/24/06*

(Preparer of Form - Please Print Name) Telephone Number 601-420-6489 Fax Number (601) 664-1190

F.E.I. No. 64-0937709 02221 MAR 15 8

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2006 TO 12/31/2006

(See Filing Instructions on Back of Form)

TJ647-06-0-R
 eXpeTel Communications
 2506 Lakeland Drive, Suite 405
 Flowood, MS 39232-7674

637 MAR 1 2006

FOR PSC USE ONLY

Check # 12416
 \$ 50.00 06-03-001
 003001
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 3-10-06
 Initials of Preparer RE

Records & Paula

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	\$ 0	\$ 0
2.	Access Services	0	0
3.	Private Line Services	0	0
4.	Leased Facilities & Circuits Services	0	0
5.	Miscellaneous Services	0	0
6.	TOTAL Telephone Services	\$ 0	\$ 0
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(0)	(0)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 0
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		0
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)		\$ <u>50.00</u> ⁽²⁾

- (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
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: _____

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.

 (Signature of Company Official) (Title) 3/1/06 (Date)

Shirley Gill
 (Preparer of Form - Please Print Name) Telephone Number 601-420-6489 Fax Number 601-664-1190

F.E.I. No. 604-0937709

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

*Merged with
TX800-05-0-R
Records + Paula*

TX654-05-0-R
eXpeTel Communications
2506 Lakeland Drive, Suite 405
Flowood, MS 39232-7640

637 MAR 14 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	12413
\$	50:00 06-03-001 003001
\$	5.00 P 06-03-001 004011
\$	1.00 I
Postmark Date	3-10-06
Initials of Preparer	RT

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

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

- (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
- (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
- (3) 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 Provider
- Reseller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

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

(Signature of Company Official) (Title) (Date)
Shirley Gill _____ *1/24/06*
(Preparer of Form - Please Print Name) Telephone Number *601-420-6189* Fax Number *601-664-1190*

F.E.I. No. *064-0937709*

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2006 TO 12/31/2006

(See Filing Instructions on Back of Form)

TX654-06-0-R
 eXpeTel Communications
 2506 Lakeland Drive, Suite 405
 Flowood, MS 39232-7640

637 MAR 1 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 12414

\$ 50.00 06-03-001
003001

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 3-10-06
 Initials of Preparer RT

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ 0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
13.	Extension Payment Fee (see "4. Extension" on back)		
14.	TOTAL AMOUNT DUE (\$50 MINIMUM)		\$ <u>50.00</u> ⁽³⁾

(1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
 (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (3) 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 Provider
- Reseller: CLEC
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

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

 (Signature of Company Official) (Title) (Date) 3/1/06

Shirley Gill
 (Preparer of Form - Please Print Name)

Telephone Number 601-420-6489 Fax Number 601-664-1190
 F.E.I. No. 64-0937709