

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/31/2007

Interexchange Company Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission
(See Filing Instructions on Back of Form)

05 JUN 28 AM 8:45

FOR PSC USE ONLY
Check# 49560

- Actual Return
- Estimated Return
- Amended Return

TJ447-06-0-R
 Future Telecom, Inc.
 17 State Street Suite 800
 New York, NY 10004
 Docket No. 060346-TI (Islar)

COMMISSION
CLERK

50.00 06-03-001
 003001
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 6-28-06
 Initials of Preparer RT

658 JUN 28 2007

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	\$ 13,271.46	\$ 1,148.61
2	Access Services		
3	Private Line Services		
4	Leased Facilities & Circuits Services	0.00	0.00
5	Miscellaneous Services	0.00	0.00
6	TOTAL Telephone Services	\$ 13,271.46	\$ 1,148.61
7	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾	()	()
8	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 1,148.61
9	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		\$ 2.30
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)		\$ 50.00 ⁽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 if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)
 What is the total amount of customer deposits collected? What is the total amount of bond held (if applicable)?
 Amount: \$ _____ for 2006 Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease 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) CEO (Title) _____ (Date)

Patrick Gentemann
 (Preparer of Form-Please Print Name)

Telephone Number: 646-356-0400 Fax Number 646-356-9444 NUMBER-DATE

F.E.I.No. 52-2088129

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