

Interexchange Company Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

For PSC Use Only	
Check #	1014
\$	700.00 06-03-001
	003001
\$	_____ E
\$	_____ P 06-03-001
	004011
\$	_____ I
Postmark Date	1-30-08
Initials of Preparer	RF

812 JAN 31 2008

(See Filing Instruction on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TK104-07-0-R TransAmerica Telecom, Inc. 1707 Warren Road Indiana, PA 15701	FINAL RETURN - The Company has voluntarily withdrawn its certification in Dec. 2007
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PERIOD COVERED:

01/01/2007 TO 12/31/2007

Paula + Records

Please Complete Below If Official Mailing Address Has Changed

c/o Compliance Solutions, Inc. (Name of Company)	740 Florida Central Pkwy, Ste. 2028, Longwood, FL 32750 (Address: City/State/Zip)	407-260-1011 (Telephone)
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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 Other 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 (\$700.00 MINIMUM)		\$ 700.00

- (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 \$700 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)
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What is the total amount of customer deposits collected? None
Amount: \$ _____ for 2007.

What is the total amount of bond held (if applicable)? None
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.

Robert Kane *[Signature]* President 1-27-08
(Signature of Company Official) (Title) (Date)

Preparer of Form: Mark Lammert, CPA
Preparer's Telephone Number: 407-260-1011
Preparer's Fax Number: 407-260-1033

Company's Telephone Number: 724-465-6075
Company's Fax Number: 724-599-1580
Company's Federal ID #: 20-5187941

DOCUMENT NO. DATE 00771-08 01/31/08 FPSC - COMMISSION CLERK