

070667

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2007 TO 12/31/2007

(See Filing Instructions on Back of Form)

TI174-07-0-R
Connect America Communications, Inc.
13333 Blanco Road, Suite 304
San Antonio, TX 78216-7756

DEPOSIT DATE
799 JAN 11 2008

FOR PSC USE ONLY

Check # 14368
\$ 700.00 06-03-001
003001
\$ _____ E
\$ _____ P 06-03-001
004011
\$ _____ I
Postmark Date 1-9-08
Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

Records

CMP _____

(Name of Company)

(Address)

(City/State)

(Zip)

COM _____

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS REVENUE	
		CTR OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services		
2.	Access Services	\$ 90,612.66	\$ 9,432.68
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 90,612.66	\$ 9,432.68
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(2,567.09)	(631.50)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ 8,801.18
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		17.60
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 ⁽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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

Billing Concepts, Inc 7411 John Smith Dr San Antonio, TX 78229 (210) 949-7000
(Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected?
Amount: \$ N/A 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: MCI

Address: P.O. Box 905346 Charlotte, NC 28290-5236

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]
(Signature of Company Official)

President
(Title)

1/7/08
(Date)

Anton J. Bily
(Preparer of Form - Please Print Name)

Telephone Number 210 492-8200 Fax Number (210) 492-7940

F.E.I. No. 74-2626058

DOCUMENT NUMBER-DATE

01622 MAR-4 08

FPSC-COMMISSION CLERK