

CROCKER & CROCKER, P.C.

ATTORNEYS AT LAW

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July 23, 2009

Ann Cole
Office of the Commission Clerk
Florida Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

090386-T1
COMMISSION CLERK
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Re: SAVE PLUS, INC.

Dear Ms. Cole:

Enclosed herewith for filing with the Commission, please find an original and two (2) copies of the above captioned corporation's IXC REGISTRATION FORM and Florida Tariff No. 1.

Also enclosed is an exact duplicate of this letter. Please stamp the duplicate received and return same in the postage-paid envelope attached thereto.

Please contact the undersigned if you have questions or concerns.

Very truly yours,

CROCKER & CROCKER, P.C.

[Signature]
Patrick D. Crocker
RDC/tld
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07614-09 072709
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IXC REGISTRATION FORM

Company Name SAVE PLUS, INC.

Florida Secretary of State Registration No. F09000001020

Fictitious Name(s) as filed at Fla. Sec. of State Not applicable

Company Mailing Name SAVE PLUS, INC.

Mailing Address 4517 Northwest 51st Street, Coconut Creek, FL 33073

Web Address www.savepluscommunications.com (under construction)

E-mail Address ddavis@savepluscommunications.com

Physical Address 4517 Northwest 51st Street, Coconut Creek, FL 33073

Company Liaison Daniel Davis

Title President

Phone (561) 713-4507

Fax (561) 948-8390

E-mail address ddavis@savepluscommunications.com

Consumer Liaison Daniel Davis

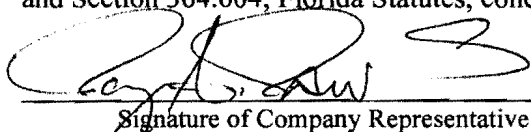
Title President

Phone (561) 713-4507

Fax (561) 948-8390

E-mail address _____

My company's tariff as required in Section 364.04, Florida Statutes, is enclosed with this form. I understand that my company must notify the Commission of any changes to the above information pursuant to Section 364.02, Florida Statutes. My company will owe Regulatory Assessment Fees for each year or partial year my registration is active pursuant to Section 364.336, Florida Statutes. My company will comply with Section 364.603, Florida Statutes, concerning carrier selection requirements, and Section 364.604, Florida Statutes, concerning billing practices.



Signature of Company Representative

Daniel Davis
Printed/Typed Name of Representative

6-24-09

Date

Form PSC/RCP 31 (8/05)

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