2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# N06000008606

Entity Name: ALLIANCE SHOMER YISREAL FUND, INC.

Current Principal Place of Business:

1015 GAMMAGE POINT
OVIDO, FL 32765

New Principal Place of Business:

1015 GAMMAGE POINT
OVIEDO, FL 32765

Current Mailing Address:

1015 GAMMAGE POINT
OVIDO, FL 32765

New Mailing Address:

1015 GAMMAGE POINT
OVIEDO, FL 32765

FEI Number: 74-3189620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DIAZ, FLOR M
C/O ELBA MERCED
1015 GAMMAGE POINT
OVIDO, FL 32765 US

Name and Address of New Registered Agent:

DIAZ, FLOR M
C/O ELBA MERCED
1015 GAMMAGE POINT
OVIEDO, FL 32765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 05/08/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DIAZ, FLOR M
Address: C/O 1015 GAMMAGE POINT
City-St-Zip: OVIDO, FL 32765

Title: D ( ) Delete
Name: MERCED, ELBA
Address: 1015 GAMMAGE POINT
City-St-Zip: OVIDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DIAZ, FLOR M
Address: C/O 1015 GAMMAGE POINT
City-St-Zip: OVIEDO, FL 32765

Title: O (X) Change ( ) Addition
Name: MERCED, ELBA
Address: 1015 GAMMAGE POINT
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOR M DIAZ D 05/08/2007
Electronic Signature of Signing Officer or Director — Date