2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# F96000006763

Entity Name: WHOLE FOODS MARKET GROUP, INC.

Current Principal Place of Business:

6451 NORTH FEDERAL HWY
SUITE 101
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

550 BOWIE ST
AUSTIN, TX 78703

Current Mailing Address:

550 BOWIE ST
AUSTIN, TX 78703 US

New Mailing Address:

550 BOWIE ST
AUSTIN, TX 78703

FEI Number: 52-1711175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVTD ( ) Delete
Name: LANG, ROBERTA
Address: 550 BOWIE ST
City-St-Zip: AUSTIN, TX 78703

Title: AS ( ) Delete
Name: CHAMBERLAIN, GLENDA
Address: 550 BOWIE ST
City-St-Zip: AUSTIN, TX 78703

Title: D ( ) Delete
Name: GALLO, A C
Address: 125 CAMBRIDGEPARK DR, 5TH FL
City-St-Zip: CAMBRIDGE, MA 02140

Title: S ( ) Delete
Name: PERCIVAL, ALBERT E
Address: 550 BOWIE ST
City-St-Zip: AUSTIN, TX 78703

Title: AS ( ) Delete
Name: YOST, PATRICIA D
Address: 550 BOWIE ST
City-St-Zip: AUSTIN, TX 78703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA D. YOST AS 04/30/2008

Electronic Signature of Signing Officer or Director — Date