

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPROV | √AL |
|------------------|-------|
| OMB | 3235- |
| Number: | 0104 |
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| burden hours per | • |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Type Responses) | | | | | | | | | | |
|---|---------------------------------------|--|--------------------|---|---|-------------------------------|------------------------------|--------------------------------|---------------------------------|--|
| 1. Name and Address of Reporting | 2. Г | 2. Date of Event Requiring | | ng 3. Issuer | 3. Issuer Name and Ticker or Trading Symbol | | | | | |
| Person * | | Statement | | HEAL | HEALTH ENHANCEMENT PRODUCTS INC [HEPI] | | | | | |
| RICHARDS JEFFERY R | , | (Month/Day/Year) | | | [2200] | | | | | |
| (Last) (First) (Middle | e) 12/ | 12/03/2003 | | 4. Relati | 4. Relationship of Reporting | | | 5. If Amendment, Date Original | | |
| 2530 S RURAL RD | | | | Person(s | Person(s) to Issuer (Check all applicable) | | | Filed(Month/Day/Year) | | |
| (Street) | | | | | | | 6. Individual or Joint/Group | | | |
| | | | | Director 10% Owner X Officer (give Other (specify | | Filing(Check Applicable Line) | | | | |
| TEMPE, AZ 85282 | | | | title below) |) | below) | <i>y</i> | | iled by One Reporting Person | |
| | | | | | (| CFO | | Person | iled by More than One Reporting | |
| (City) (State) (Zip) | | Table I - Non-Derivative Securities Beneficially Owned | | | | Owned | | | | |
| 1.Title of Security | | | | of Securitie | es 3 | | | | irect Beneficial | |
| (Instr. 4) | | | | ly Owned | | | | Ownership | | |
| | | (In | str. 4) | | | orm: Direct | (Instr. | 5) | | |
| | | | | | (| D) or ndirect (I) | | | | |
| | | | | | | Instr. 5) | | | | |
| Common Stock | | 50 | ,000 | | | D | | | | |
| Reminder: Report on a separate line Persons who not required number. Table II - Derivative So | respon to respo | d to the coll and unless t | lection he forr | of informa n displays | ation o | contained i rently valid | n this | control | | |
| 1. Title of Derivative Security | | | | e and Amou | | 4. | 5. | JIIVEI UDI | 6. Nature of Indirect | |
| (Instr. 4) | · · · · · · · · · · · · · · · · · · · | | | | | | | nership | Beneficial Ownership | |
| (msu. 1) | (Month/Day | | | ative Securit | | | | | (Instr. 5) | |
| | | | (Instr. | | • | | | rivative | | |
| | Date | Expiration | 1 | | | Derivative | | urity: | | |
| | Exercisal | ble Date | | Amount or N | Numbe | 11000000 | | ect (D) | | |
| | | | 11116 | of Shares | | | or 1 (I) | ndirect | | |
| | | | | | | | | str. 5) | | |
| | | | | | | | (2210 | | | |
| Reporting Owners | | | | | | | | | | |
| Reporting Owner Name / Address | | Relationsh | ips | | | | | | | |
| Reporting Owner Ivame / Address | Director | 10% Owner | Officer | Other | | | | | | |
| RICHARDS JEFFERY R | | | | | | | | | | |
| I | | | ~~ | | | | | | | |

| Reporting Owner Name / Address | Relationships | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| RICHARDS JEFFERY R | | | | | | |
| 2530 S RURAL RD | | | CFO | | | |
| TEMPE, AZ 85282 | | | | | | |

Signatures

| /s/ Jeffery R. Richards | 04/20/2004 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.