UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SCHEDULE 13G

Amendment No. 8

Under the Securities and Exchange Act of 1934

Health Enhancement Products, Inc.
(Name of Issuer)
Common Stock, \$.001 par value
(Title of Class of Securities)
42218Y105
(CUSIP Number)
December 31, 2013
(Date of Event Which Requires Filing of this Statement)
Check the appropriate box to designate the rule pursuant to which this is filed:
Rule 13d-1(b)
x Rule 13d-1(c)
Rule 13d-1(d)
*The name in decrete of this course made the filled out for a managing manage, in it is filled out the manage to
*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the

disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Section 18 of t

Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

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Page	2	of	4	Pages	

1 NAMES OF REPO		IG PERSONS N NO. OF ABOVE PERSONS (entities only)				
Howard Shapiro						
2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP						
(a)						
3 SEC USE ONLY						
4 CITIZENSHIP OR PLACE OF ORGANIZATION						
U.S.A.						
	5	SOLE VOTING POWER				
NUMBER OF SHARES		4,989,437 shares				
BENEFICIALLY OWNED BY	6	SHARED VOTING POWER				
EACH REPORTING		853,900 shares				
PERSON WITH	7	SOLE DISPOSITIVE POWER				
		4,989,437 shares				
	8	SHARED DISPOSITIVE POWER				
0 ACCRECATE	AMOI	853,900 shares				
		INT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
5,843,33	57					
10 CHECK IF THE	E AGG	REGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES				
N/A						
11 PERCENT OF C	CLASS	S REPRESENTED BY AMOUNT IN ROW 9				
5.1%						
12 TYPE OF REPO	ORTIN	G PERSON				
IN						

Item 1(a)

The name of the issuer is Health Enhancement Products, Inc.

Item 1(b)

The address of the Issuer's principal executive offices is: 2804 Orchard Lake Rd., Keego Harbor, Michigan 48320

Tel. Number: (248) 452 9866

Item 2(a)

The name of reporting person is: Howard Shapiro

Item 2(b)

The residence address of the Reporting Person is: 199 Logtown Road, Port Jervis, NY 12771

Item 2(c)

The citizenship of the reporting Person is: USA

Item 2(d)

The title of the class of securities is: Common Stock, \$0.001 par value

Item 2(e)

The CUSIP Number of the securities is: 42218Y105

Item 3

This statement is not filed pursuant to §§240.13d-1(b) or 240.13d-2(b) or (c).

Item 4

Ownership:

The Reporting Person's is the beneficial owner of **5,843,337shares**, representing **5.1%** of the class of securities.

The Reporting Person has:

- (i) sole power to vote or to direct the vote of: **4,989,437 shares**
- (ii) shared power to vote or to direct the vote of: 853,900 shares
- (iii) sole power to dispose or to direct the disposition of: 4,989,437 shares
- (iv) shared power to dispose or to direct the disposition of: 853,900 shares

Item 5

Ownership of Five Percent or Less of Class: Not Applicable

Item 6

Ownership of More than Five Percent on Behalf of another Person: Not Applicable

Item 7

Identification and Classification of the Subsidiary which Acquired the Security Being Reported on By the Parent Holding Company: Not Applicable

Item 8

Identification and Classification of Members of the Group: Not Applicable

Item 9

Notice of Dissolution of Group: Not Applicable

Item 10

Certification:

By signing below, I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

February 05, 2014
Date
/s/ Howard Shapiro
Signature
Signature
Howard Shapiro
Name