## FORM 4

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

OMB APPROV	/AL					
OMB Number:	3235-0287					
Estimated average burden						
hours per response	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(11mt of 1y	pe response	.5)															
Name and Address of Reporting Person * Rogers William J II					2. Issuer Name and Ticker or Trading Symbol HEALTH ENHANCEMENT PRODUCTS INC [HEP1]							5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director Officer (give title below)  Other (specify below)				
(Last) (First) (Middle) 21 OCEAN RIDGE BOULEVARD SOUTH					3. Date of Earliest Transaction (Month/Day/Year) 06/18/2004												
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
	OAST, FL												Tomi med by wore man One reporting Person				
(Cit	ty)	(State)	(Zip)			Т	able I	- Non-	Deriva	ative Securi	ties Acqu	aired,	Disposed of	f, or Benefi	cially Owned		
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Ye	Exe ar) any		n Date, if			(A (In	Securities A a) or Dispose estr. 3, 4 and (A) enount (D)	d of (D) 5)	of (D) Owned Follow Transaction(s) (Instr. 3 and 4		)		wnership of orm: Be	eneficial wnership
	•		th class of securities	- Deriv	vativ	e Securitie	s Acq	Per in to a co uired, l	rsons this fo turren	orm are no tly valid O ed of, or Be	require MB cont	ed to trol n	respond u umber.		on contained form displays		74 (9-02)
1 77:4 6	l <sub>a</sub>	D	24 5 1		puts					vertible sec		, ,	1.4 . 6	lo D :	0.37 1 0	1,0	11.37.
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Derivative Expiration Date Code Securities (Month/Day/Year)			rlying	Securities	8. Price of 9. Number of Derivative Security (Instr. 5) Beneficially Owned Following Reported		Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia					
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title		Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Warrant	\$ 0.10	03/10/2006	11/11/2005	A		1,000,00	0	11/11	/2005	11/11/20	08 Com		1,000,000	\$ 0 <u>(1)</u>	1,000,000	D	

### **Reporting Owners**

Por cettor Occasion Name (Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Rogers William J II								
21 OCEAN RIDGE BOULEVARD SOUTH		X						
PALM COAST, FL 32137								

#### **Signatures**

/s/ William J Rogers II	04/06/2006
Signature of Reporting Person	Date

#### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(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).
- (1) In return for services. Nominal value.

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.