

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL				
OMB	3235-			
Number:	0104			
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burden hours pe	r			
response	0.5			

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)											
Name and Address of Reporting Person * Tempesta Michael S	Staten (Mont	2. Date of Event Requiring Statement (Month/Day/Year) — 06/20/2005			3. Issuer Name and Ticker or Trading Symbol HEALTH ENHANCEMENT PRODUCTS INC [HEPI]						
(Last) (First) (Midd 846 SAN CARLOS AVENUE	le)			Person(s) to I	4. Relationship of Reporting Person(s) to Issuer				5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) EL GRANADA, CA 94018-2	439			Director X Officer (gi	X_ Officer (give Other (specify			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person			
(City) (State) (Zip	p)	Table I - Non-Derivative Securities Beneficially Owned									
		neficia	nt of Securities Ily Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nature of Indirect Beneficial Ownership (Instr. 5)			lirect Beneficial				
Common Stock, .001 par value 20,00			000			D					
	o respond t I to respond	o the colle d unless th	ectioi ne foi	n of informatior m displays a cu	n co urre	ntained in	this OMB	control			
1. Title of Derivative Security 2. Date (Instr. 4) and Exp		re Exercisable sxpiration Date Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	nership m of ivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or Numb of Shares		Security Di or (I)		urity: ect (D) ndirect tr. 5)			
Panarting Owners											

Kepor ung Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Tempesta Michael S					
846 SAN CARLOS AVENUE			President		
EL GRANADA, CA 94018-2439					

Signatures

Michael S. Tempesta	06/30/2005
**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.