

Form 45-103F4
Report of Exempt Distribution

2005 MAR -3 AM 9:01

Issuer information

1. State the full name, address and telephone number of the issuer of the security distributed. Include former name if name has changed since last report.

One Person Health Sciences Inc. (the "Issuer")
Suite 275-625 W. Kent Ave.
Vancouver, BC V6P 6T7
Telephone: (604) 301-0221

If this report is filed by a vendor, other than the issuer, also state the full name and address of the vendor.

N/A

2. State whether the issuer is or is not a reporting issuer and, if reporting, each of the jurisdictions in which it is reporting.

The Issuer is a reporting issuer in British Columbia and Alberta.

Details of distribution

3. State the distribution date. If the report is being filed for securities distributed on more than one distribution date, state all distribution dates.

February 18, 2005

4. For each security distributed:

(a) describe the type of security: common shares

(b) state the total number of securities distributed. If the security is convertible or exchangeable, describe the type of underlying security, the terms of exercise or conversion and any expiry date.

243,750 common shares

5. Complete the following table for each Canadian and foreign jurisdiction where purchasers of the securities reside. Provide a total dollar value of all securities distributed in all jurisdictions. Do not include in this table, securities issued as payment for commissions or finder's fees disclosed under item 6, below.

Each jurisdiction where purchasers reside	Price per security (Canadian \$)	Total dollar value raised from purchasers in the jurisdiction (Canadian \$)
British Columbia	\$0.10 per Share	\$21,125.00
Alberta	\$0.10 per Share	\$3,250.00
Total dollar value of distribution in all jurisdictions (Canadian \$)	N/A	\$24,375.00

Commissions and finder's fees

6. Provide the following information for each person who is being compensated in connection with the distribution(s). When disclosing compensation paid or to be paid, include discounts, commissions or other fees or payments of a similar nature directly related to the distribution. Do not include payments for services incidental to the trade, such as clerical, printing, legal or accounting services.

Full name and address of person being compensated	Compensation paid (in Canadian \$ and, if applicable, number and type of securities)	Exemption relied on and date of distribution (if applicable)	Price per share (Canadian \$)
N/A			

CERTIFICATE

On behalf of the issuer (or vendor), I certify that the statements made in this report and in each schedule to this report are true.

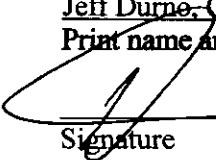
Date: March 2, 2005

One Person Health Sciences Inc.

Name of issuer or vendor (please print)

Jeff Durno, Corporate Secretary

Print name and position of person signing

 Signature